



# ENGAGING THE PRIVATE SECTOR TO END MALARIA FASTER: A LANDSCAPE ANALYSIS OF CÔTE D'IVOIRE, DEMOCRATIC REPUBLIC OF CONGO, LIBERIA, AND UGANDA

## ACTIVITY FINAL REPORT

Local Health System Sustainability Project

Task Order I, USAID Integrated Health Systems IDIQ

## Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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# ACRONYMS

<b>LHSS</b>	Local Health System Sustainability Project
<b>ACT</b>	Artemisinin-based combination therapy
<b>ARV</b>	Antiretroviral drugs
<b>CSR</b>	Corporate social responsibility
<b>DHIS</b>	District Health Information System
<b>FCDO</b>	UK Foreign, Commonwealth & Development Office
<b>FDI</b>	Foreign direct investment
<b>GDP</b>	Gross domestic product
<b>IFC</b>	International Finance Corporation
<b>IPTp</b>	Intermittent preventive treatment in pregnancy
<b>IRS</b>	Indoor residual spraying
<b>ITN</b>	Insecticide-treated bed net
<b>KII</b>	Key informant interview
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health
<b>MOP</b>	Malaria Operational Plan
<b>MOU</b>	Memorandum of Understanding
<b>NMCP</b>	National Malaria Control Program
<b>PBF</b>	Performance-based financing
<b>PEPFAR</b>	U.S. President's Emergency Plan for AIDS Relief
<b>PMI</b>	U.S. President's Malaria Initiative
<b>PPP</b>	Public-private partnership
<b>PSE</b>	Private sector engagement
<b>RDT</b>	Rapid diagnosis test
<b>SBCC</b>	Social and behavior change communication
<b>SMC</b>	Seasonal malaria chemoprevention
<b>TA</b>	Technical assistance
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization

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# I. INTRODUCTION

The ongoing fight against malaria has made significant progress: since 2000, malaria mortality rate (per 100,000 population at risk) has decreased by almost 50 percent and case incidence (per 1000 population at risk) has decreased by about 27 percent.<sup>1</sup> Nevertheless, malaria continues to remain a major health issue in more than 80 countries. It killed an estimated 627,000 people in 2020 and pregnant women and children under the age of five are at highest risk, with the latter accounting for an estimated 77 percent of total deaths. The journey towards elimination is far from over, and countries and development partners are increasingly looking at market-based approaches and investments from the private sector to help bridge gaps in both resources and expertise to sustain results and accelerate progress.

The private sector is already engaged in malaria control in many countries. Public-private partnerships (PPPs) are mobilizing resources to scale up implementation of effective malaria interventions such as indoor residual spraying (IRS); through social marketing, the private sector is helping increase access to malaria prevention products such as insecticide-treated bed nets (ITNs); and private pre-service training capacity is being harnessed to meet priority human resources for health needs for malaria control.

Private corporations are also investing in malaria interventions that protect their workforces and communities through corporate social responsibility (CSR) initiatives, innovative financing mechanisms, or their associated foundations and philanthropic activities. Especially in endemic countries, malaria is among the leading causes of workers' absenteeism, with patients often bedridden for several days. With each episode of malaria, adults miss between one and five days of work, either for their own illness or for their child's illness.<sup>2</sup> The World Health Organization (WHO) estimates indicate that the impact may be even greater: the equivalent of 10 days of work lost per malaria episode, especially for employees performing physical tasks who need several days to regain their previous level of productivity. Moreover, malaria can significantly increase companies' costs through medical benefits provided to staff and their dependents.

Despite the impact of malaria on productivity, private sector companies are not always meaningfully engaged in efforts to contribute to better health outcomes. Nor is private sector expertise, such as in supply chain and commodities management, leveraged for increased efficiency in the strategic approaches to eliminate the disease. Given the important role of the private sector in the sustainable development of countries, in December 2018, USAID launched a Private Sector Engagement (PSE) Policy as an agency-wide call to action to expand work with the private sector. USAID defines PSE as “a strategic approach to planning and programming through which USAID dialogues, consults, strategizes, collaborates, and implements with the private sector for greater scale, sustainability, and/or effectiveness of outcomes.” This policy focuses on “enterprise-driven development,” with the goal of identifying and pursuing areas of shared value with the private sector and collaborating with the sector as a co-creator for achieving humanitarian and development outcomes at scale.<sup>3</sup> PSE has long been a priority for the U.S. President's Malaria Initiative (PMI), and PMI has previously worked with private sector partners to achieve objectives towards malaria control and elimination.

This activity aimed to build on that work and advance PMI's country-level private sector engagement in four PMI partner countries: Côte d'Ivoire, Democratic Republic of Congo (DRC), Liberia, and Uganda. It supported the identification of country-specific engagement opportunities based on unique political,

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<sup>1</sup> World malaria report 2021: <https://www.who.int/publications/i/item/9789240040496>

<sup>2</sup> Bonneville et al. Guide pratique de lutte contre le paludisme en entreprise: <https://en.calameo.com/read/000236343f640efb30a48>

<sup>3</sup> USAID Private Sector Engagement Policy: [https://www.usaid.gov/sites/default/files/documents/1865/usaid\\_psepolicy\\_final.pdf#:~:text=%20%20%20Title%20%20%20USAID%20Private-Sector,Created%20Date%20%20%203%2F22%2F2019%203%3A00%3A47%20PM%20](https://www.usaid.gov/sites/default/files/documents/1865/usaid_psepolicy_final.pdf#:~:text=%20%20%20Title%20%20%20USAID%20Private-Sector,Created%20Date%20%20%203%2F22%2F2019%203%3A00%3A47%20PM%20)



economic, and malarial contexts, as well as the development of PSE tools that facilitate enhanced in-country PSE activities and skills. The work was done through close coordination with the local USAID missions, PMI country teams, National Malaria Control Programs (NMCPs), private sector actors, and others within the Ministry of Health (MOH) in these countries to align with their priorities and secure country-level buy-in and support.

## 2. OBJECTIVES

The overall activity objective was to strengthen private sector engagement to facilitate increased domestic resource mobilization and scaled up implementation of effective malaria interventions in the four PMI partner countries.

Objective–PMI level: support PMI in its strategic efforts to expand country-level engagement with private sector actors in alignment with USAID’s PSE Policy.

Objective–Country level: enable in-country PMI teams, NMCPs and other MOH officials in the four countries to leverage the private sector in support of malaria goals, maximizing in-country ability to maintain gains in malaria control and sustainably work towards malaria elimination.

The activity supported in-country PMI and NMCP teams in their efforts to understand the private sector landscape by identifying key players in each country’s market and their different types of ongoing engagement in malaria programming. This increased knowledge will enable identification of priority PSE activities/opportunities that could be pursued for domestic resource mobilization and application of innovative market-oriented solutions to advance efforts to control and eliminate malaria.

## 3. METHODOLOGY

This activity used a mixed-methods approach of desk review, stakeholders' consultations, and key informant interviews (KIIs) with private and public sector actors to conduct a comprehensive landscape analysis of relevant private sector activities in the four countries (Côte d'Ivoire, DRC, Liberia, and Uganda).

### 3.1 DESK REVIEW

LHSS first conducted a review of peer-reviewed and gray literature on previous and current private sector activities related to malaria and other health areas relevant to malaria, including reproductive maternal, neonatal, and child health, and nutrition. This initial review considered the Malaria Operational Plans (MOPs) for each selected country as well as other country-specific literature on malaria (national malaria control strategic plans, country landscape assessments, national private sector strategic plans, Global Fund applications, etc.).

### 3.2 STAKEHOLDER CONSULTATIONS

The desk review identified a preliminary list of stakeholders that was then vetted with each country's PMI leadership. LHSS connected with the stakeholders identified by PMI as key to further assess existing PSE efforts in the health sector and related successes and challenges. These stakeholders included PSE points of contact at USAID missions,<sup>4</sup> health experts at PMI country offices, MOH and NMCP officials, and other implementing partners and donors working on malaria control and related health areas, including UNICEF, FCDO, and WHO. The discussions with these key stakeholders focused on current visions, tools, and processes related to PSE in the country and how they are or could be applied to malaria programming.

### 3.3 KEY INFORMANT INTERVIEWS WITH PRIVATE SECTOR ACTORS

Following the desk review and stakeholder consultations, the LHSS team conducted KIIs with several private sector actors to better understand their priorities, opportunities, and incentives to work in tandem with the public sector and contribute to improved malaria outcomes. The selection of respondents from the private sector was informed through a rapid stakeholder analysis to characterize and map the key private sector actors that are engaged in the health and development sector in some capacity as well as other potential stakeholders identified through the consultations.

LHSS conducted over 50 KIIs and consultations in total across the four countries, including with stakeholders in private healthcare organizations, private non-health corporations, philanthropic foundations, and others – see Annex A for more country-specific details.

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<sup>4</sup> As a component of its PSE Policy, USAID has established PSE points of contact country missions who are supporting country-specific priorities and initiatives with the private sector across sectors (health, education, energy, economic development, etc.).

## 3.4 DATA ANALYSIS

For data analysis, LHSS built on a PSE framework and tools already developed under previous PMI PSE activities.

Using the collected information, the LHSS team developed several documents:<sup>5</sup>

- A market segmentation document for each country, which describes the different segments of the country's private sector and outlines key players and profiles within each segment, the impact of malaria to their businesses (and customers), key value drivers, and potential business cases or incentives for investment in malaria control and elimination.
- A country-specific dashboard in Microsoft Excel capturing current private sector activities as well as key takeaways that emerged from the stakeholder consultations and KIIs. This dashboard aims to be a dynamic repository of PSE activities that PMI country teams and NMCP officials can update as needed as the PSE landscape evolves in each country.
- This activity report, which summarizes the findings from the comprehensive landscape analysis and identifies global and country-specific opportunities for PMI and NMCPs to pursue.

With the goal of supporting PMI's shift towards strategic engagement, this report assigns each opportunity to one of the following two categories:

- **Opportunistic:** opportunities that could be pursued with minimal planning through leveraging current PSE activities in the country.
- **Strategic:** opportunities that require more proactive planning and discussions with the private sector and that align with the country's strategic vision for malaria elimination.

To ensure efficient use of resources for PSE, the opportunities will be assessed in terms of their:

- **Launchability:** whether an opportunity can realistically get off the ground in a short (less than one year), medium (between one and two years) or long term (more than two years).
- **Impact:** the potential results (increases in access to prevention/treatment, resources mobilized, etc.) if the partnership is launched successfully.
- **Sustainability:** the likelihood of success for the partnership and factors for long term sustainability.

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<sup>5</sup> The market segmentation files and the PSE dashboard are separate documents and are not included in this report.

## 4. COUNTRY PRESENTATION

This section discusses the broader malaria and private sector context for each of the four PMI partner countries included in this landscape analysis. For the purposes of this activity, the private sector in each country is defined as all actors and providers who exist outside the public sector, whether their aim is philanthropic or commercial.

### 4.1 COTE D'IVOIRE

#### 4.1.1 THE MALARIA SITUATION

In Côte d'Ivoire, malaria continues to be a significant public health problem. Incidence increased from 164.1 per 1,000 in 2017 to 189.9 per 1,000 in 2018 and decreased by 9 percent in 2020 to 173.4 per 1,000.<sup>6</sup> Côte d'Ivoire's entire 26.4 million population is at risk for malaria and 64 percent of the population has access to an ITN<sup>7</sup>. In 2020, the country had over 4 million confirmed cases and over 1,300 malaria deaths.<sup>7</sup>

#### 4.1.2 THE PRIVATE SECTOR LANDSCAPE

The Ivorian private sector is characterized by a large informal sector and a relatively high number of large firms, defined as greater than 200 employees and 1 billion CFA in annual revenue.<sup>8</sup> According to the International Finance Corporation (IFC) Country Private Sector Diagnostic, the informal sector represents 80 to 90 percent of total employment.<sup>9</sup> The same IFC report also shows that foreign direct investment (FDI) as a share of Gross Domestic Product (GDP) averaged 1.4 percent (2015–2018). FDI was concentrated mainly in the telecommunications, agroprocessing, and extractive (hydrocarbon) sectors. Agriculture, agroprocessing, and manufacturing have high growth potential and therefore present opportunities for private sector engagement in malaria programming to leverage this anticipated high growth through targeted CSR programs and other PSE initiatives.

Most private for-profit companies belong to *Confédération Générale des Entreprises de Côte d'Ivoire* (CGECI), which associates with the Ivorian Chamber of Commerce and Industry, Chamber of Trade, and Chamber of Agriculture. CGECI, as the overall umbrella organization, is the main interlocutor with the government representing private companies. It brings together more than 3,500 private companies from different sectors. CGECI created *Coalition des Entreprises de Côte d'Ivoire* (CECI), an umbrella organization for the fight against malaria, AIDS, and TB that coordinates occupational health and safety activities within CGECI members.

The private health sector represents 30 to 40 percent of health care supply. The private health sector has developed in recent years with the emergence of private health facilities of all classes and categories (polyclinics, clinics, medical centers and practices, private infirmaries) at all levels of the health pyramid. These private health facilities are mainly present in more densely populated areas where economic activities are more developed and offer a package of activities including malaria management. Furthermore, several professional organizations are part of the governance of the private health sector. These include *Plateforme du Secteur Privé de la Santé* bringing together associations, unions, and other

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<sup>6</sup> 2020 Côte d'Ivoire country annual report on health indicators

<sup>7</sup> PMI FY2022 Côte d'Ivoire MOP: <https://dlu4sgls9ptc4z.cloudfront.net/uploads/2022/01/FY-2022-Cote-dIvoire-MOP.pdf>

<sup>8</sup> Décret No 2012-05 du 11 Janvier 2012 portant définition de la petite et moyenne entreprise: [http://www.sgg.gouv.ci/photo\\_doc/1373647988Decret%20N\\_2012-05.pdf](http://www.sgg.gouv.ci/photo_doc/1373647988Decret%20N_2012-05.pdf)

<sup>9</sup> IFC Country Private Sector Diagnostic: <http://www.ifc.org/wps/wcm/connect/c3d1ae63-80d1-44a7-8b5f-959e38b4fd09/CPSD-Cote-d-Ivoire.pdf?MOD=AJPERES&CVID=nk4XA5J>

affiliated structures, and *Association des Cliniques Privées de la Côte d'Ivoire* which is composed of 120 private clinics on the national territory.

While the definition of private sector entities in USAID's PSE Policy focuses on for-profit enterprises, NGOs, social organizations, and faith-based organizations are an active part of the private sector in Côte d'Ivoire. The Ministry of Health and Ministry of Social Affairs maintain a directory of NGOs, which includes *Agence Ivoirienne de Marketing Social (AIMAS)*, an organization involved in social and behavior change communication (SBCC) and distribution of health products through social marketing, including the distribution of mosquito nets with the support of KfW Development Bank.

Several corporations such as Orange Telecom and NSIA Bank also have foundations implementing health activities in Côte d'Ivoire. Foundations support activities in the fields of health, education, agriculture, and finance for income-generating activities. Some foundations, like the Rotary Foundation, are not related to a corporation but are active in malaria control activities.

For more details on the different key market segments within Côte d'Ivoire's private sector, their value drivers and business incentives for investment in malaria control, as well as current and past contributions to the fight against malaria, please refer to the PMI Malaria PSE Dashboard and the PMI Côte d'Ivoire Market Segmentation Document – both produced under this activity and referenced in Annex B.

## 4.2 DEMOCRATIC REPUBLIC OF CONGO

### 4.2.1 THE MALARIA SITUATION

Malaria is a major health problem in DRC. In 2019, the malaria incidence was 206 per 1,000 population. The country accounts for 12 percent of all global malaria cases and 11 percent of all malaria deaths. All 89.6 million Congolese are at risk of malaria, with less than 50 percent having access to an ITN. In 2020, the country had over 22.5 million confirmed cases and over 24,800 malaria deaths.<sup>10</sup>

### 4.2.2 THE PRIVATE SECTOR LANDSCAPE

According to the International Trade Administration,<sup>11</sup> the DRC economy is driven by commodity prices, particularly commodities from the mining industry such as copper and cobalt. The country has experienced strong economic growth for the most part of the past two decades, but COVID-19 and reduced demand for raw materials have caused a relative slowdown. The FDI stock for the mining sector was estimated at US\$27.3 billion in 2020, indicating an opportunity to further engage this sector to invest in malaria programming.

The corporate private sector is very diverse. Most corporations are members of the *Federation des Entreprises du Congo (FEC)*, an umbrella organization for companies in various sectors, including trade, agriculture, and services. FEC created the *Coalition interentreprise de lutte contre le VIH/Sida, la tuberculose et le paludisme (CIELS)* to fight against HIV, tuberculosis, malaria, and other diseases in the workplace, and plays a leading role in coordinating CSR policies within its member enterprises.

The private health sector is an important player in the DRC's health system, but its contributions have not been fully quantified. The private health sector in DRC represents 44 percent of outpatient care and 25 percent of inpatient care.<sup>12</sup> It is composed of clinics, labs, hospitals, pharmacies, private companies'

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<sup>10</sup> PMI FY2022 DRC MOP: <https://d1u4sg1s9ptc4z.cloudfront.net/uploads/2022/01/FY-2022-DR-Congo-MOP.pdf>

<sup>11</sup> DRC Country Commercial guide (ITA): <https://www.trade.gov/democratic-republic-congo-country-commercial-guide>

<sup>12</sup> SHOPS Plus Private Health Sector Assessment: <https://shopsplusproject.org/resource-center/democratic-republic-congo-private-health-sector-assessment>

clinics, FBOs, and traditional health practitioners. *Alliance du Secteur Privé de la Santé (ASPS)* is the main professional organization for private health providers.

Several NGOs and FBOs, especially the *Bureau Diocésain des Oeuvres Médicales* - a Christian network of providers - are active in health care provision, including malaria. Others provide malaria services such as commodities distribution and social marketing (e.g., *Association de Santé Familiale*).

Foundations, including the Rotary Foundation and other corporation-based foundations, also contribute to malaria control activities like SBCC or support key malaria events like Malaria Day or targeted net distribution campaigns.

For more details on the different key market segments within DRC's private sector, their value drivers and business incentives for investment in malaria control, as well as current and past contributions to the fight against malaria, please refer to the PMI Malaria PSE Dashboard and the PMI DRC Market Segmentation Document – both produced under this activity and referenced in Annex B.

## 4.3 LIBERIA

### 4.3.1 THE MALARIA SITUATION

Malaria continues to be endemic in Liberia, with a case incidence of 164 per 1,000 population. All 5.1 million Liberians are at risk of malaria, with only 40 percent having access to an ITN.<sup>13</sup> However, Liberia is making steady progress towards malaria control as reported by the 2019–2020 Demographic Health Survey. In 2020, the country had 827,500 confirmed cases and 363 malaria deaths.<sup>14</sup>

### 4.3.2 THE PRIVATE SECTOR LANDSCAPE

According to the 2018 IFC Country Private Sector Diagnostic Report, the formal Liberian private sector employs only five percent of the workforce, and most firms are small and medium enterprises, which typically employ fewer than four staff. Against this backdrop, corporate engagement activities in Liberia are limited and are only common among the formal private sector players. FDI has risen steadily since 2003, supported by land concessions to international firms and other investment incentives, and has played a key role in shaping the economic structure of post-conflict Liberia. Concessions cover over 40 percent of Liberia's territory and affect about 30 percent of the rural population. The government derives far more revenue from mining, forestry, and agricultural concessions than it does from taxing general economic activity, which encourages policy makers to focus on developing new concessions rather than investing in productivity-enhancing physical and human capital.<sup>15</sup>

The Liberia corporate sector is dominated by concessions (mostly in mining, agriculture, and forestry). Many corporations, especially the concessions, have well equipped medical care health facilities that serve their workers but also the surrounding community. Given their often-rural location, these health facilities are an important piece to achieving health care coverage in Liberia.

In Liberia, the private health sector consists of the following actors: private for-profit and private not-for-profit, which includes FBOs, NGOs, and concessions medical clinics (owned and operated by private companies). A 2019 private health sector assessment<sup>16</sup> identified 230 functional health clinics (88 percent), 16 health centers (7 percent), and 12 hospitals (5 percent). Liberia's professional health organizations include the Healthcare Federation of Liberia (HFL), launched in February 2020, which

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<sup>13</sup> Liberia DHS 2019: <https://dhsprogram.com/publications/publication-FR362-DHS-Final-Reports.cfm>

<sup>14</sup> PMI FY2022 Liberia MOP: <https://dlu4sg1s9ptc4z.cloudfront.net/uploads/2022/01/FY-2022-Liberia-MOP.pdf>

<sup>15</sup> Liberia IFC Country Private Sector Diagnostic, 2018, <https://openknowledge.worldbank.org/handle/10986/29880>

<sup>16</sup> Gerrard, A. and S. Jain. 2019. Liberia Private Health Sector Assessment. Washington, DC: Palladium, Health Policy Plus.

provides coordination among all private health stakeholders across Liberia and acts as a consolidated voice to advocate for improved quality of care and increased collaboration with the Ministry of Health. Other professional organizations include the Liberia Medical and Dental Association, the Liberian Nursing and Midwives Association, the Liberian National Physician Assistants Association, and the Pharmacy Association of Liberia.

NGOs in Liberia are active in providing health care and ensuring access to malaria commodities. Several NGOs are members of the New African Research and Development Agency, an umbrella organization that supports its members to partner with communities and facilitate processes aimed at poverty reduction throughout Liberia. It also engages with civil society organizations as a founding member of the National Civil Society Council of Liberia.

There is a significant philanthropic sector in Liberia that at present is driven by foundations such as the Rotary Clubs. The Rotary Malaria Committee (RMC) consists of Rotarians from the three Rotary Clubs in Liberia and is working with the NMCP on malaria elimination in Liberia. Telecommunications companies, banks, and insurance companies also have foundations that support community-based activities in the fields of health and education.

For more details on the different key market segments within Liberia's private sector, their value drivers and business incentives for investment in malaria control, as well as current and past contributions to the fight against, please refer to the PMI Malaria PSE Dashboard and the PMI Liberia Market Segmentation Document – both produced under this activity and referenced in Annex B.

## 4.4 UGANDA

### 4.4.1 THE MALARIA SITUATION

Uganda has seen significant reductions in malaria mortality and morbidity. However, incidence has picked up over the last couple of years. In 2019/2020, incidence was at 201 per 1,000 population. The 2020 World Malaria Report ranked Uganda as third highest contributor to the global malaria cases at 5 percent. 95 percent of Ugandans are at risk for malaria and 72 percent have access to an ITN. In 2020, the country had over 13 million confirmed cases and 5,093 malaria deaths.<sup>17</sup>

### 4.4.2 THE PRIVATE SECTOR LANDSCAPE

The private sector is crucial to the Ugandan economy. It employs over 2.5 million people and contributed 49 percent of the GDP in 2016.<sup>18</sup> Corporate entities, defined as nonstate for-profit businesses, contribute 20 percent of the GDP. This is mostly driven by the manufacturing sector and large scale agroprocessing. The UN Conference on Trade and Development indicates FDI is mostly concentrated in sectors such as agriculture, construction, tourism, ICT, and pharmaceuticals, which also highlights priority sectors that could be leverages for increased domestic resource mobilization in malaria programming.

Uganda's private health sector accounts for 45 percent of the country's health facilities, including hospitals, clinics, labs, and private company clinics, as well as faith-based facilities and traditional medicine practitioners. About half (47 percent) of the health workforce works in the private health sector (both private for-profit, PFP, providers and private not-for-profit, PNFP, providers).<sup>19</sup> NGOs and foundations

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<sup>17</sup> PMI FY2022 Uganda MOP: <https://dlu4sg1s9ptc4z.cloudfront.net/uploads/2022/01/FY-2022-Uganda-MOP.pdf>

<sup>18</sup> The National Strategy for Private Sector Development 2017/2018: <https://www.finance.go.ug/publication/national-strategy-private-sector-development-201718-202122>

<sup>19</sup> Private Sector Assessment: [https://www.globalfinancingfacility.org/sites/gff\\_new/files/Uganda-Private-Sector-Assessment-health.pdf](https://www.globalfinancingfacility.org/sites/gff_new/files/Uganda-Private-Sector-Assessment-health.pdf)



also play an important role in health care delivery in Uganda, with the Uganda Protestant Medical Bureau and the Uganda Catholic Medical Bureau together owning and operating around 70 percent of faith-based not-for-profit health facilities and training institutions.

Furthermore, umbrella organizations are key private sector stakeholders and serve as coordination and advocacy platforms for different private sector actors. Examples of this include the Uganda Healthcare Federation for private for-profit providers; Uganda Community Based Health Care Association for private not-for-profit providers; and Private Sector Foundations Uganda for the broader, commercial private sector.

For more details on the different key market segments within Uganda's private sector, their value drivers and business incentives for investment in malaria control, as well as current and past contributions to the fight against, please refer to the PMI Malaria PSE Dashboard and the PMI Uganda Market Segmentation Document – both produced under this activity and referenced in Annex B.

## 5. FINDINGS

This section synthesizes findings from the landscape analysis and outlines key drivers for private sector investment in malaria, areas where the private sector is currently supporting malaria control across the four countries, and challenges and bottlenecks for increased engagement from the private sector.

### 5.1 DRIVERS OF PRIVATE SECTOR INVESTMENT IN MALARIA PROGRAMMING

Understanding private sector motivation for investing in malaria control activity is key to creating effective partnerships. From the KIIs, LHSS found several factors that were cited as reasons for investing in malaria activities. Motivation factors for the private sector are continuously evolving and highly depend on the context of each company, but here are a few that were mostly common across the four PMI partner countries.

#### 5.1.1 BUSINESS INCENTIVES

For businesses, investing in malaria needs to contribute to the bottom line. Malaria investments contribute to the bottom line in the following ways:

- **Predictable demand:** private companies that manufacture malaria drugs and commodities have a clear business interest in being involved in malaria programming activities, especially in collaboration with public authorities such as NMCPs or MOH. This allows visibility into programming and a platform to participate in discussions and possibly provide inputs to relevant regulation or policy, which may affect their enabling environment as well as business strategies and market.
- **Protection of workforce:** malaria significantly contributes to staff absenteeism which leads to productivity losses for companies and higher health care costs incurred as benefits for those workers and their families. By investing in malaria activities, companies enjoy greater operational efficiencies, which can increase market share and profits. Moreover, improved health benefits from the communities that often are targeted by these malaria activities and related economic benefits can also further increase consumer buying power and therefore boost long-term profits. For example, FILTISAC, a leading textile manufacturing company in Côte d'Ivoire, conducted a study in 2010 that showed that malaria was the number one cause of absenteeism in the company, leading to expenditures of several million CFA to cover health care costs, as well as a loss of revenue totaling 7.5 million CFA. To address the issue, the company and its partners (including the NMCP) started implementing malaria activities: provision of nets to staff and their families, community sensitization on prevention measures, and training for their medical clinic staff and the social workers on malaria prevention and treatment. As a result of these activities, morbidity related to malaria among FILTISAC staff and their families decreased by 20 percent between 2010 and 2013; and absenteeism linked to malaria fell from 24.24 percent in 2011 to 17.53 percent in 2014.
- **Profitability:** private for-profit providers find malaria treatment as profitable as any other type of care given that the patient will pay for the service. Moreover, offering malaria care also opens possibilities for further care, especially with children, and can help gain more patients.

## 5.1.2 CORPORATE SOCIAL RESPONSIBILITY/PHILANTHROPY

Companies across a range of sectors engage in activities to support malaria control as part of their CSR strategies to give back to their communities. Social development efforts in health, education, and environment build companies' social capital. In Côte d'Ivoire, the telecommunications multinational Orange, through its foundation, has carried out 489 social projects since 2006, including 95 health projects (building and/or rehabilitating 33 health centers and 22 maternity hospitals, and establishing one pediatric nephrology unit). The foundation has also implemented 217 education projects, 29 village projects, and 51 cultural projects. One of their projects involved digging wells in Kato, Koblékro, and Diendana-Sokoura to reduce water-borne diseases and to help local populations access safe drinking water. In DRC, the CEO of DEVIMCO construction company has been personally active in several health initiatives. She worked with Operation Smile – an NGO that conducts medical programs in Kinshasa and Lubumbashi to treat cleft lip and cleft palate and to increase the surgical capacity in the country overall. Under Operation Smile, the CEO plays a very active role: providing logistical support, contacting sponsors, raising funds, purchasing and distributing food to all the patients and their families, and providing lodging and organizing transportation for the doctors. With a group of friends, she also provided the funding for about 100 cataract surgeries among low income and vulnerable patients. In addition, her company has provided financial support for the rehabilitation and upgrading of the Kinshasa school for the blind and impaired vision.

## 5.1.3 MARKETING AND COMPANY POSITIONING

Private companies can be involved in health/malaria activities to market their own products related to malaria control or to raise awareness/improve their corporate brand. Private companies can especially be motivated to be involved in some way in disease area control efforts if it is positioned as a high-profile or urgent public health issue, or a significant success story. This can lead companies to contribute to ad hoc activities such as providing funds to communication campaigns, conducting a one-time net distribution in their community, getting involved in World Malaria Day, etc. Those activities might not be sustained in the long run, but they still contribute to malaria programming and can be an opportunity for NMCPs to connect with and further explore with companies how they can better align their contributions with national priorities. Working with private companies to build sustainability into these activities is an opportunity, as well. For example, in 2019, Rawbank, one of the leading financial institutions in DRC, mobilized its employees at the Mbuji-Mayi, Bunia, and Kisangani sites to participate in blood donation campaigns to support sickle cell patients. They were able to collect several hundred bags, which were subsequently distributed to various hospitals around those sites. In response to the COVID-19 pandemic, Orange Liberia launched the Orange Campus Africa Free online portal. The portal allowed people all over Liberia, even those with zero data balance on their phone, to access thousands of educational materials online. These examples are not malaria specific, but they illustrate some ad hoc health activities that could serve as models for PSE in support of malaria programming.

## 5.2 ILLUSTRATIVE EXAMPLES OF CURRENT PRIVATE SECTOR ENGAGEMENT IN MALARIA

The landscape analysis identified several instructive examples of current contributions by different private sector actors to malaria prevention and control activities.

### 5.2.1 PRIVATE HEALTH SECTOR

The private health sector's role in providing malaria care positions it as an important actor in fighting the disease and maximizing treatment coverage. Indeed, in all four countries, the private health sector serves as a significant source of care for populations. In DRC, according to the 2013–2014 DHS, 47 percent of

children under the age of five with fever seek care in the private sector. In Uganda, 62 percent of care seekers go to the private sector first for malaria and other febrile illnesses.<sup>20</sup>

The diversity of the private health sector also positions it as an effective mechanism to reach the maximum population. However, the private sector across the four countries tends to be fragmented and operates within difficult market conditions and limited quality oversight and data reporting. The private health sector includes clinics, laboratories, and hospitals, as well as retail pharmacies and drug sellers located closer to the population, making them a convenient way for people to get health care. For example, in a DRC pilot program to increase access to prompt diagnosis and reduce the high rate of self-medication, the General Secretariat issued an order authorizing pharmacists in eight cities, including Kinshasa and Lubumbashi, to deliver first-line artemisinin-based combination therapy (ACT) after confirming diagnostic with rapid diagnosis tests (RDTs)<sup>21</sup> – a departure from policies that did not allow pharmacies to carry first line malaria drugs.

The private health sector in this analysis includes both for-profit and not-for-profit entities. Whether they are included in the definition of private sector varies across countries, but not-for-profit providers are important for reaching low income and vulnerable groups with malaria care. In the four PMI partner countries included in the landscape analysis, when compared with their for-profit counterparts, these providers are better integrated into the health system and can more easily receive trainings on malaria treatment standards, malaria subsidized drugs and commodities, and receive supervision from NMCP experts. They are mostly composed of NGOs or faith-based providers. In addition to health care provision, some NGOs are also involved in importation, warehousing, and distribution of drugs and consumables including malaria commodities. Social enterprises also provide health services or health commodities to the population on a nonprofit basis. Examples from the landscape analysis include the following:

- In Liberia, most faith-based providers operate in rural areas and receive free commodities, including malaria drugs, with direct distribution linkages between county/district health teams and individual private facilities.<sup>22</sup> The appropriate forms are completed, the drugs are dropped off directly at the facility free of charge, and services are reported every month. Facilities that do not comply with reporting stop receiving free commodities.
- *Agence Ivoirienne de Marketing Social (AIMAS)* is the largest social marketing company in Côte d'Ivoire. AIMAS collaborated with the Sanofi-Aventis Group on the recommendation of NMCP to organize a campaign to raise awareness among schoolchildren about malaria and its dangers. The agency has distributed 251,000 ITNs purchased by the German government in specific structures, including boarding schools, barracks, and orphanages. The agency also produces audios, video, posters, flyers, and organizes SBCC campaigns for its target groups through mass media, social networks, and interpersonal communication. AIMAS also carries out operational research in collaboration with specialized firms to assess the impact of its activities on behavior change or the availability of its products.
- In Uganda, the Joint Medical Stores (JMS), the second largest supply chain company, is the only private not-for-profit organization of its kind. It primarily handles procurement and distribution of malaria and other health commodities to private not-for-profit facilities throughout Uganda. JMS works with the government, The Global Fund, UKAID, and others on co-funding mechanisms that reduce ACT prices for final consumers. JMS also builds capacity on supply chain management, installs and maintains medical equipment in health facilities, and provides supply chain services for PMI's

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<sup>20</sup> Uganda Malaria Private Sector Engagement Strategy 2020 - 2025

<sup>21</sup> DRC NMCP National Strategy 2020–2023

<sup>22</sup> Gerrard, A. and S. Jain. 2019. Liberia Private Health Sector Assessment. Washington, DC: Palladium, Health Policy Plus

antimalarials and USAID's antiretroviral commodities.

- In DRC, SANRU *association sans but lucratif* is a faith-based NGO funded by various sources, including the Global Fund, FCDO, GAVI Alliance, World Bank, PEPFAR, and ACQUAL/Tulane University. SANRU is among the oldest organizations in the DRC to collaborate the MOH on expanding primary health care. In 2020 their activities covered 322 of the 519 health zones in DRC. SANRU supports net distribution, intermittent preventive treatment of malaria for pregnant women provision, and case management.

Private health sector professional associations also play an important coordination role. All four countries have umbrella organizations for the private health sector that advocate for improved quality of care and increased funding. Uganda Healthcare Federation is working with the MOH, Ministry of Finance, Planning, and Economic Development, and other partners to set up a national Medical Credit Facility to improve access to affordable financing for private health businesses. To be sustainable, this will be run by the Government of Uganda through commercial banks. This scheme is expected to significantly improve health business capacity and quality of care. The Healthcare Federation of Liberia is currently conducting an assessment to determine whether its members have developed PPP frameworks. The assessment will also capture some malaria statistics and members' participation in commodities programs with the NMCP. The goal is to better understand policy goals of the NMCP and define how to better position the Federation to dialogue with malaria authorities.

## 5.2.2 CORPORATE PRIVATE SECTOR

The corporate private sector is involved in several activities that aim to contribute to protecting large at-risk workforces, their families, and surrounding communities from malaria and improve overall health outcomes. These activities are being implemented through company's health clinics, foundations, and/or other CSR initiatives.

Several private companies have health facilities where workers and their families, and often the community, can get health care, including malaria care. Those medical facilities often are a more accessible source of care for the population especially in rural or semi-rural areas and an important piece of the health infrastructure in those areas.

- In DRC, the *Société de Développement Forestier (SODEFOR)* company hospital is a general referral hospital for the Nioki health zone in Mai Ndombe province. This 120-bed hospital receives over 26,000 patients per year. The hospital provides access to care, including malaria care, for the entire population of Nioki, at a low-price equivalent to \$US2 per consultation, one of the lowest hospital fees in the country. SODEFOR covers the cost of staff remuneration, drug supplies, and medical equipment maintenance and modernization. In addition to the hospital, SODEFOR has numerous dispensaries scattered throughout several provinces, from which it supports almost all the medical care costs and drugs.
- In Liberia, Cavalla Rubber and Maryland Oil Palm Plantation hospital is a facility recognized by the government that closely collaborates with the Maryland county health team to implement health activities. A group of hospital staff is responsible for training 'camp monitors' - employees who support malaria control and prevention by distributing ITNs to pregnant and expectant mothers, provide RDTs and malaria drugs for diagnosis and treatment; and support intermittent preventive malaria treatment in pregnancy. Camp monitors also conduct sensitization campaigns against malaria on the plantations and in surrounding communities.
- PROSUMA, one of the leading supermarket chains in Côte d'Ivoire, noted a significant level of staff absenteeism due to malaria (2,637 days lost in 2019). To address this issue, the company established a clinic providing medical services and a pharmacy providing RDTs and antimalarials. It also trained the health providers to raise awareness among workers and their families. According to the

company clinic manager, such systematic management of cases has significantly reduced malaria morbidity and absenteeism.

In DRC and Uganda, local pharmaceutical companies produce malaria drugs and consumables and are an important stakeholder in ensuring access to quality and affordable malaria drugs.

- Cipla Quality Chemicals Ltd. in Uganda manufactures a range of WHO pre-qualified first-line medicines for treating HIV/AIDS, hepatitis, and malaria, including ACTs and antiretroviral drugs (ARVs). In addition, Cipla is exploring the production of medicines to manage the surge of non-communicable diseases and cancer. The company manufactures drugs for the local market and exports to 15 other countries in Africa. Uganda also has other local manufacturers involved in producing ITNs and RDTs.
- In DRC, Pharmakina is the world's principal producer and processor of quinine, a substance extracted from the bark of quinine trees and used to treat malaria. The DRC is the source of approximately 80 percent of the world's quinine and Pharmakina produces and delivers more than 10 million quinine cures used to treat malaria in the DRC.

Private companies also implement traditional malaria prevention activities such as net distribution and vector control that benefit their employees and communities.

- In Uganda, Sugar Corporation of Uganda Limited (Mehta Group) conducts annual ITN distribution, as well as vector control interventions (IRS and larval control) in the sugar plantations and surrounding areas. It also provides funds for community awareness campaigns on malaria prevention. The company primarily targets its employees and the communities in Buikwe, Mukono, Kayunga, and part of Jinja districts. These combined malaria activities have contributed to a reduction in malaria slide positivity from >70 percent to <25 percent between 2015 and 2020 in company-run facilities.
- In DRC, Tenke Fungurume Mining developed a vector control program focused on workforce health and community outreach. Activities included IRS of mining sites and households in surrounding communities and the distribution of ITNs. In 2014 there was an 80 percent reduction in total workforce malaria incidence since the start of the program in 2008.<sup>23</sup> Since ownership transferred from Freeport McMoRan to China Molybdenum Inc., the company has implemented fewer activities directly targeting malaria, but they continue to deliver health care through their company medical clinics that can be leveraged for malaria services.
- In Côte d'Ivoire, Barrick Tongon Mining, the leading gold mining company in the country based in Korhogo, experimented with vector control for its sites and surrounding areas and was the first private company in Côte d'Ivoire to initiate an entomological study to assess the type of mosquitoes present on its sites before starting IRS. The company also established a team to raise awareness and mobilized staff and surrounding populations for better sanitation and destruction of breeding sites. In an interview, the manager at Barrick Tongon Mining shared that these activities have led to a decrease in absenteeism linked to malaria for the staff and to fewer conflicts with surrounding communities now that mining crevasses are treated with insecticides and are no longer breeding grounds for mosquitoes.

Telecommunication companies are playing an important role in expanding SBCC and data reporting activities around malaria.

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<sup>23</sup> The RBM partnership to end malaria – private sector engagement framework and workplan. Cambridge Economic Policy Associates Ltd. August 2018.

- In Liberia, from June 1 through June 21st each year, the MTN Foundation supports its staff of about 150 employees to volunteer time and resources to give back and make a difference in society. Communication activities around several diseases undertaken during “21 Days of Y’ello Care” have benefited individuals and communities throughout Bomi, Bong, Grand Bassa, Grand Cape Mount, Margibi, Maryland, Montserrado, and Nimba counties. The MTN Liberia Foundation has also invested in initiatives supporting diverse projects in county development, infrastructure rehabilitation, education, health and social welfare, sports and recreation and disaster emergency response. The Foundation aims to improve the quality of people’s lives through appropriate and sustainable CSR interventions in communities where MTN operates. For example, in 2019, the Foundation began to focus on Education and Empowerment and has been supporting programs for youth and women.
- In Uganda, Airtel conducts quarterly medical camps to provide free and comprehensive health services to selected communities across the country. During the camps, information is provided about malaria, sexual reproductive health services for youth, and safe motherhood services. On average, over 3,000 people are served during each of Airtel’s two-day medical camps.
- MTN Uganda supports malaria data reporting. In the past few years MTN has been supporting the MOH with its mTrac reporting system for health facilities by offering free SMS for facilities to report their data.

Several companies are also engaged in other relevant work within the health sector through CSR and other initiatives.

- In Liberia, mining company ArcelorMittal initiated formation of the “Ebola private sector mobilization group,” a coalition of over 80 companies to align private sector capabilities with the international Ebola response. The company also contributed medical, financial, and other resources: ArcelorMittal Liberia spent US \$1.5 million towards fighting Ebola and was recognized by the Clinton Global Initiative for its leadership in responding to the 2014 outbreak in West Africa.
- In Uganda, Centenary Bank’s CSR initiative has supported the construction and renovation of several health facilities. The company has spent > SHS 1.7 billion (~US\$480,000) on its flagship initiative, “Bridging the Cancer Gap,” which has encompassed cancer awareness campaigns and support for construction of a cancer ward at Nsambya hospital and a blood bank at Mengo hospital. The bank also partners with Rotary International to organize annual cancer runs and Family Health Days at various health facilities.
- In DRC, PERENCO (an oil drilling company) has committed to improving the quality of health care through medical staff training, with the objectives of facilitating access to health care for vulnerable populations and contributing to the reduction infant mortality by 20 percent. 320 health care professionals have already benefited from this program. In association with the European Institute for Cooperation and Development, PERENCO has supported the creation of health centers through the Program of Support for Healthcare facilities (the PASS project). These health centers have increased access to care for an estimated 200,000 people across the country.

Private sector umbrella organizations in all four countries play a key role in coordinating their members’ activities across key health areas for increased impact and are an important bridge for collaboration with public authorities like the NMCP or other MOH entities.

- *Coalition des Entreprises de Côte d’Ivoire (CECI)* was created to coordinate activities in the fight against malaria, HIV/AIDS, TB, cancer, and new emerging diseases within private companies in Côte d’Ivoire. CECI has a membership of over 100 private companies, which contribute membership fees to the coalition. CECI coordinates the activities of its members in the fight against malaria through malaria control projects and activities in collaboration with the NMCP, the Global Fund, UNICEF, and other

implementing partners. This includes participation in periodic communication and visibility activities, such as World Malaria Day. CECL also coordinates training and supervision of private providers in corporate medical clinics in collaboration with the NMCP. Over 300 health providers and 500 peer educators from CECL-affiliated companies have benefited from training in malaria communication and management so far and some companies have benefited from access to antimalarial drugs and commodities and data reporting support to the national health information system.

- *Compagnie Ivoirienne d'Électricité*, an electricity production and distribution company, is one of the CECL champion companies in the fight against malaria. With support from CECL, the company has established company committees for the fight against malaria, TB, and HIV in its many agencies to raise awareness among workers and their communities. Its medical team has been trained on-site on malaria case management and mosquito net distribution, both organized in collaboration with CECL.
- In DRC, *Coalition Interentreprises de Lutte Contre le VIH/Sida, la Tuberculose, et le Paludisme (CIELS)* was created in 2001 to help fight HIV, TB, and malaria in private sector companies. CIELS activities are focused around six strategic axes: 1) advocating with employers, unions, and politicians for their commitment to the fight against these diseases; 2) promoting partnerships between private companies and governmental, non-governmental, local, or international organizations; 3) strengthening the capacities of occupational health institutions ; 4) building the capacity of private actors for the development of efficient programs; 5) improving access to prevention and treatment services for the targeted diseases; and 6) monitoring and evaluation of targeted disease programs. Several private sector medical staff have benefited from training on malaria case management based on national guidelines organized by CIELS in collaboration with NMCP and partners, including Sanofi Pharmaceutical and others.
- Private Sector Foundation Uganda (PSFU) is an umbrella body for the private sector made up of over 240 business associations, corporate bodies, and major public sector agencies that support private sector growth. PSFU works closely with the government on programs aimed at strengthening the private sector to support economic growth. PSFU provides business development support for small-and medium-sized enterprises (including private health businesses) on product development, standards improvement, market access, technology acquisition and application, and skills training. PSFU is also involved in research and advocacy on policy issues that affect private companies, as well as reviewing private sector business legislation and maintaining dialogue with the government on behalf of the private sector in Uganda. PSFU is also involved in PPs, including working with the Global Alliance for Improved Nutrition, the National Drug Authority, the MOH, and the Prime Minister's office to reduce malnutrition.

### 5.2.3 PHILANTHROPY

The landscape analysis identified several philanthropic malaria control and elimination initiatives. The main philanthropic actors across the four countries were the Rotary Foundation and the Against Malaria Foundation.

- In Uganda, Rotary International is active in malaria advocacy, SBCC, and resource mobilization. It closely collaborates with the NMCD and was part of the group that established a national malaria fundraising platform, Malaria Free Uganda, in 2020. Rotary International is also involved in other vector control interventions such as ITN distribution, IRS, and financial and logistical support to a national campaign to plant mosquito repellent trees. In 2021, Rotary International launched an annual bicycle race in Kampala during the commemoration of World Malaria Day. This event will be held annually as one way of raising awareness about malaria prevention and raising funds for effective malaria interventions.



- In Liberia, by February 2021, the Rotarian Malaria Committee had received rotary district grants totaling US\$3,000, plus another US\$1,000 from Rotarians Against Malaria, to implement awareness campaigns. The campaigns targeted caregivers of children under the age of five with malaria prevention and treatment messages.
- In DRC, the Against Malaria Foundation has signed an agreement with the MOH to fund 16.4 million nets for distribution from June 2021 to February 2022. This represents 54 percent of DRC's ITN need for this portion of their three-year rolling universal coverage campaign. The nets will be distributed in five of DRC's 26 provinces, protecting 30 million people.
- In Uganda, the Against Malaria Foundation collaborates with the MOH to support ITN distribution and other child health activities. In 2020, the Foundation co-funded (with the Global Fund) the purchase of 11.6 million ITNs for distribution, which represented 50 percent of Uganda's need for the 2020-2021 universal coverage campaign.

## 5.3 CHALLENGES AND CONSTRAINTS FOR INCREASED PRIVATE SECTOR INVESTMENT IN MALARIA PROGRAMMING

### 5.3.1 PRIVATE HEALTH SECTOR CHALLENGES

The private health sector faces several constraints, mostly related to its limited inclusion in the health system which inhibits its contribution to malaria programming.

- **Lack of training for the staff:** medical workers in private facilities, especially the for-profit ones, are often not included in MOH or donor-sponsored training on treatment guidelines, including for malaria. With limited opportunities for technical interactions and continuous professional development training, they miss out on opportunities to update their medical skills. Moreover, there are significant variations in the quality of the private sector, arising from a lack of clarity in the accreditation process for pre-service private training institutions, inadequate availability of resources, and inadequate training quality in those institutions.
- **Poor quality of care:** the quality of care provided in private health facilities is not consistent. Contributing factors include the low quality of training of health workers discussed above, as well as weak alignment with national treatment guidelines for malaria case management, loose regulation in areas critical to quality in health (e.g., distribution/wholesaler, test and lab equipment validation), minimal or complete lack of supervision from public health authorities to monitor quality, and lack of access to financial resources to upgrade equipment and infrastructure. In DRC for example, a 2015 survey found that only 22 percent of private outlets stocked quality-assured ACTs in Kinshasa.
- **Weak inclusion of private sector data into DHIS2:** in all four countries, most private sector providers, especially the for-profit ones, do not regularly report into the national health information system, including for malaria data. Inadequate reporting tools and templates that are not designed for the private sector have been identified as barriers. This lack of data reporting makes it difficult to assess contributions by the private health sector to malaria case management relative to public facilities. Without evidence of their contributions, private providers are excluded from the planning for health programs including drug subsidies through donor programs, staff trainings, performance-based financing schemes or community-based insurance programs like *Mutuelles*, grants, and other funding opportunities. It also makes it difficult for government entities to effectively plan service delivery and determine where and how to engage private providers. Even for the not-for-profit health sector, which mostly reports into DHIS2, the landscape analysis came across some level of dissatisfaction with the reporting system. Not-for-profit providers in Liberia complained about not

receiving any form of feedback about the data they submit into DHIS2 and not having opportunities to discuss that data and get recognition for their contribution to health care provision in the country.

- **Ineffective regulation of the private health sector:** current systems for registration and licensure were described as cumbersome, fragmented, and contributing to high levels of informality in the private health sector. There is poor enforcement of existing regulation partly due to insufficient tools and staff to regulate and monitor the private sector effectively. In Liberia, for example, major regulatory gaps have been noted, especially in the pharmaceutical sector, where the proliferation of pharmacies and drug sellers is crowding the market and pushing profits down. Weak enabling environment, especially related to taxes, was also raised during the interviews. Retail prices in the sector are set arbitrarily and high margins are often needed to cover inefficiencies in the system (e.g., poor distribution channels, no pooling mechanisms, etc.). In Liberia, private for-profit providers were subject to value added tax and import taxes, driving up their costs, despite delivering primary health care services. In DRC, burdensome bureaucratic procedures and high importation taxes on drugs, including malaria commodities, were cited as major constraints by almost all private sector providers that were interviewed.
- **Limited dialogue between the public and private health sector:** in general, the need for more constructive and transparent dialogue between public and private health sector actors was raised several times during the KIIs. The private sector seeks a well-functioning forum to raise their issues and discuss with the MOH and other public authorities. On the private sector side, there are professional organizations that are officially recognized but they often do not cover the entire sector; and when several organizations exist, it is difficult to coordinate and adapt a unified voice for the sector. Moreover, these organizations often have insufficient resources to carry out their functions. In DRC, the *Alliance du Secteur Privé de la Santé*, the main organization for private providers, could potentially act as the intermediary for the private sector and facilitate public-private collaboration, but its mandate to advocate for the entire private health sector is unclear. In the public sector too, some entities exist within MOHs to promote private sector engagement (e.g., PPP units, PSE directorates, etc.) but those entities similarly suffer from lack of resources (both human and financial) to function effectively.

### 5.3.2 CORPORATE PRIVATE SECTOR CHALLENGES

Several factors inhibit corporate private sector investment in malaria control.

- **Lack of specific business rationale:** most companies do not clearly perceive the business and financial rewards from investing in malaria control. Even though some companies (mainly the ones directly affected by malaria such as mining and agriculture) have conducted studies and assessments on the impact of malaria to their business, companies in other sectors such as banking and insurance have not made this correlation. Given the drivers of PSE defined earlier in the report (i.e., business incentives, CSR policy, marketing and company positioning) are related to increased profit, the importance of a clear business case for PSE is logical.
- **Low awareness of potential scope of involvement:** another limiting factor is the lack of information on the type of support private companies could be providing to the broader malaria control efforts. Support could encompass more than financial resources, such as marketing and communication efforts, or contributions of technical expertise. In all four countries, stakeholders mentioned lack of information flow with the public sector, limiting opportunities for dialogue and potential collaboration. On the other hand, NMCP officials have mostly identified major gaps in resources the private sector could fill but recognize the absence of formal frameworks and platforms to engage with the private sector for such discussions. Moreover, technical expertise is

required to design and present tailored business cases that could motivate private sector investment.

- **Limited CSR funds:** in low- and middle-income countries, including the four PMI partner countries in this analysis, CSR is still new and not always well structured and/or planned for the long term. Moreover, malaria authorities must compete for CSR money with other diseases areas better established in terms of visibility (HIV and TB for example, and now COVID-19). The health sector itself faces competition from education, economic development, and other social causes that are embraced by companies as part of their CSR policies. Specific company CSR priorities could also change considerably with company leadership. Tenke Fungurume Mining in DRC is an illustration of such situation. Since changing leadership from US-based Freeport McMoRan to China Molybdenum Inc., the company has stopped implementing activities directly targeting malaria and has mostly focused on building and rehabilitating health facilities and other development infrastructure (schools, boreholes, etc.).
- **Ineffective public and private sector dialogue:** the landscape analysis identified some PPPs related to malaria, including an Against Malaria Foundation partnership with MOH in DRC for net distribution and a partnership between Cipla Quality Chemicals Ltd and the Ugandan government to locally manufacture ACTs. However, the interaction between public and private sectors at a country level is mostly not well coordinated and there are limited platforms for continuous and formalized engagement between the two sectors. While some attempts have been made, the private corporate sector has in general not been sufficiently engaged by national public sectors to explore and utilize its comparative advantage. For example, the private sector lacks sufficient representation in government-hosted national or sub-regional malaria related working groups or committees for strategic planning. This has further increased mistrust and reluctance from both parties to work together, compounding mindsets that exist in both sectors: the private sector feels underappreciated and isolated from national policies formulation; and the public sector feels that the private sector is only concerned about making profits, disorganized, and too difficult to work with.

## 6. PRIORITY PSE OPPORTUNITIES

### 6.1 GENERAL OPPORTUNITIES

There is consensus on the importance of involving the private sector as a key partner in the fight against malaria and this is reflected in national malaria strategic plans for all four countries. Based on the landscape analysis, this section highlights actionable opportunity areas for effective PSE in malaria programming. While these opportunity areas are based on themes from the landscape analysis, they are not country-specific and are globally relevant for the broader PMI partner countries.

**Table 1: Cross Country Opportunity Areas for Increased Private Sector Engagement in Malaria Prevention and Treatment**

Opportunity Areas	Recommendations
1 Leverage companies' interest in protecting their at-risk workforce and communities (Supply side)	Several of the private companies that were interviewed, especially the ones in industries with occupational exposure to malaria (mining, agriculture, forestry, and construction) recognized the burden of malaria on their staff, and more importantly, the loss of productivity (from staff absenteeism) and increased costs (from health benefits) that they face because of malaria. These industries are mostly willing to implement malaria control activities (through their CSR funds or other initiatives), but do not always know what to do and how to do it. These companies can be engaged to provide technical assistance (TA) and guidance on activities including net distribution, IRS, other vector control activities and case management programs to ensure adherence to best practices. These activities benefit employees, their families, and their surrounding communities, as Tongon Mining in Côte d'Ivoire and Sugar Corporation Ltd in Uganda are already doing.
2 Promote sharing of innovations and resources, knowledge, and skills between private and public sectors (Supply side)	This category includes non-monetary contributions (commodities, capital equipment, internet services), skills/knowledge transfer (like support embedding a private sector logistic management expert at the NMCP, while also ensuring potential conflict of interests are addressed), and activities aiming to support transportation and distribution of malaria commodities and ITNs by private companies with far-reaching networks and infrastructure. Examples of such engagements include contributions from several companies on World Malaria Day and logistics support from Bolloré Logistics in DRC for essential medical products shipping across the country.
3 Promote local manufacturing of health products (Supply side)	These activities would aim to increase locally manufactured malaria products as well as facilitate access to such locally manufactured, low-cost malaria products through partnerships with pharmaceutical companies. Private sector funding and technical expertise is needed, but support from public authorities is also key for establishing an enabling regulatory framework and for obtaining the qualifications required to produce quality commodities that meet global standards. The landscape analysis identified opportunities in DRC with Pharmakina, and in Uganda with Cipla Quality Chemicals Ltd and Kampala Pharmaceutical Industries.
4 Employ innovative/blended finance for malaria funding (Supply side)	These would be activities that aim to close the funding gap for malaria by actively pursuing private sector opportunities for co-investments in activities such as integrated community case management and seasonal malaria chemoprevention campaigns, and thoughtfully considering innovative financing opportunities as they arise. The landscape analysis did not encounter specific example of blended financing, but there could be opportunities to pursue where relevant/appropriate.
5 Collaborate with private sector providers for effective	This category includes activities that aim to support private providers to get proper training, implement quality standards for malaria testing and treatment, access subsidized malaria drugs and commodities, and participate in schemes such as performance-based funding (PBF) where relevant. Several of these activities are

Opportunity Areas		Recommendations
	malaria service delivery (Supply side)	implemented in the different countries but all actors noted that not enough is done to include the private sector in the overall health system. For example, the landscape analysis did not find an example of inclusion of private providers in existing PBF schemes and most interviewed private health providers indicated lack of access to latest care standards and protocols, indicating there are untapped opportunities to better engage private providers and health business, and expand quality malaria treatment coverage. Professional associations can play a key role in such activities.
6	Collaborate with private health providers to contribute their data into national health information systems (Supply side)	In all four countries, the private health sector played a key role in providing malaria treatment, particularly in urban areas for private for-profits and and rural area for private not-for-profits. However, service data reporting into national systems such as DHIS2 is limited. Activities in this category are closely linked with activities included in Opportunity Area #5 and would aim to ensure private health providers have access the national-level data reporting guidelines, are receiving data reporting trainings, and have access to the required data reporting codes. In Uganda, private health provider associations such as Uganda Healthcare Federation aim to coordinate with the MOH to advocate for these data reporting needs and facilitate trainings to private providers. More opportunities to support such activities could be pursued in other PMI partner countries.
7	Engage private sector to extend reach of national messaging campaigns (Demand side)	In all four countries, phone and internet penetration have increased in the past decade and that expansion constitutes a great opportunity to reach more people with messaging around malaria prevention and treatment. Companies like Orange in Côte d'Ivoire, MTN in Liberia, and Airtel in Uganda are already using their platforms to amplify key health messages. More telecom companies should be further engaged for malaria specific messaging in support of SBCC activities.
8	Engage private sector to build targeted communication campaigns (Demand side)	Activities under this category are closely linked to Opportunity Area #7 in terms of leveraging private sector actors, networks, and infrastructure to design and share targeted health campaigns and messages. In Uganda, Living Goods, a social enterprise, is engaged in utilizing its Village Health Team network in very rural and underserved areas to implement SBCC campaigns as well as conduct home visits to sensitize, diagnose and treat illnesses (including malaria). There are potential opportunities to similarly build on established marketing, advertising, and communication capabilities to integrate malaria information.
9	Engage private sector to support community mobilization initiatives for malaria (Demand side)	Several private companies with presence in rural sites (e.g., extractive industries) are already highly involved in their communities' affairs and could be further engaged in community interventions aiming to fight malaria. They can be involved in helping fund activities such as 'edutainment' (dramas and music, etc.) and other forms of community outreach related to malaria prevention and treatment. For example, Hima Cement Industry in Uganda funds community outreach by peer educators to educate the community about several health issues including malaria.

## 6.2 COUNTRY-SPECIFIC OPPORTUNITIES

Specific country-level opportunities from the landscape analysis are presented in this section. Note that these opportunities are not meant to be exhaustive but illustrative. Also note that opportunities described in one country could be relevant in another country with similar challenges. As described in the methodology, the opportunities are grouped into opportunistic ones (not requiring intensive resources and/or time to be implemented) and strategic ones (more time and resources may be required). For each opportunity, we also outline the next steps required, the role of each main party, and how the opportunity rates in terms of launchability, impact and sustainability.

## 6.2.1 CÔTE D'IVOIRE

### Opportunistic priorities

- a. *MOH/NMCP should closely and formally engage the private sector to translate commitments into actions*

The national malaria strategic plan describes the importance of involving the private sector as a key partner in the fight against malaria. The NMCP has a designated focal point to manage and coordinate PPPs, but there is insufficient communication with private companies and umbrella organizations to update them on NMCP activities and gauge their interest in investing in malaria. Currently, a formal partnership exists between the NMCP and *Association des Cliniques Privées de la Côte d'Ivoire (ACPCI)* for the commitment of 150 private clinics to provide malaria prevention and treatment for three years. The NMCP has secured the commitment of more than 100 private companies, to support activities in its malaria strategic advocacy plan (PSNPP).

As a next step, and in order to effectively capitalize on and maximize these commitments, the NMCP should consider strengthening its communication strategy by establishing a dedicated position responsible for identifying specific priority PSE opportunities from the current commitments and cultivating relationships with targeted private sector actors.

**Role of private sector partners:** Further integrate malaria activities in CSR initiatives and contribute to net distribution campaigns and nationwide communication campaigns such as Zero Malaria Starts with Me. For companies that already have experience engaging with NMCP, they should play a “champion” role and encourage their peers to invest in malaria activities.

**Role of NMCP/MOH:** The NMCP should recruit a full-time staff to liaise with the private sector to get them involved in malaria programming. For example, this person would make sure to involve targeted private companies in appropriate strategy meetings to get their buy in and commitment on specific malaria activities. The person could also meet regularly with private sector umbrella associations to share information on current programming, assess progress, review relevant malaria data, and get their inputs for decision making. MOH/NMCP could also encourage more PSE by facilitating visibility to current private sector contributions on their websites or through their social media channels.

**Role of donors and partners:** Donors could facilitate this engagement by providing TA on how and where to effectively engage the private sector for malaria control priorities. This could include support to existing or new technical working groups.

**Launchability:** Medium-term, 1-2 years depending on the timeline for recruitment of full-time private sector liaison.

**Impact:** A more formalized engagement process and information sharing between the private and public sector will lead to increased trust between the two sectors, leading the way to successful and mutually beneficial partnerships.

**Sustainability:** Once this process, and funding, is established, it will continuously inform the design, implementation, monitoring of any PPP in malaria programming, which will in turn benefit sustainability of such efforts.

- b. *Leverage private companies' vector control activities*

One of Cote d'Ivoire's national malaria priorities is vector control. Vector control includes the distribution of ITNs, sensitization of families on the use of ITNs, and capacity building of communities to recognize and destroy breeding sites. Seventy percent of the private companies that were interviewed have implemented some levels of vector control activities and are willing to do more. Such examples included activities by FILTISAC and Barrick Tongon Mining (see details included under Section 5).

To leverage these activities, NMCP and its partners should next use these two companies as a starting point to map out key private sector actors that can contribute to vector control in priority areas and approach the identified companies with a value proposition and/or partnership proposal to start or expand vector control activities.

**Role of private sector partners:** Expand their vector control activities in more sites and collaborate with NMCP to determine strategic sites that would both satisfy the companies' areas of interest and NMCP's high incidence areas. These companies could also share their experience with others who would like to be engaged in such activities in a peer-to-peer learning scheme.

**Role of NMCP/MOH:** NMCP could develop a list of high impact sites and identify companies located in or near those sites that can provide vector control support. This list should specially note companies with past or present experience doing vector control activities to inform engagement strategy. The NMCP should also be more proactive in engaging with these companies and pitching collaborations on priority areas.

**Role of donors and partners:** Donors like USAID/PMI could contribute funding for provision of ITNs or IRS campaigns to cost share and allow the private companies to reach more people. They could also provide TA to support the NMCP and/or the private companies in forming and executing this collaboration.

**Launchability:** Short term, less than one year.

**Impact:** Increased malaria prevention and reduced burden of malaria in high incidence areas.

**Sustainability:** As these activities are already supported by the companies as part of their CSR strategies, additional resources required for implementation should be minimal, hence such activities can be sustainable if the companies are able to perceive the benefits to their businesses both in terms of reduced staff absenteeism and lower medical benefits costs.

### **Strategic priorities**

- a. *Collaborate with Nouvelle Pharmacie de la Santé Publique de Côte d'Ivoire (NPSPCI) and Association of Private Clinics of Cote d'Ivoire (ACPCI) to help private providers access malaria drugs*

The number one challenge that was mentioned during KIIs by private health providers was the difficulty in accessing malaria RDTs, ITNs, drugs, and other inputs in the private sector. There is a real opportunity to maximize private sector contributions to malaria programming by facilitating access to malaria commodities through a formal partnership, such as a Memorandum of Understanding (MOU), between private health sector professional organizations like ACPCI and NPSPCI, with mediation from NMCP/MOH. The NPSPCI is the central pharmacy in charge of ensuring availability of essential drugs and health commodities in the country. They do procurement, storage and distribution of those drugs nationwide including program drugs. Donors subsidize most of the malaria drugs and RDTs available in the country and some percentage of those drugs could go to private sector providers and companies that have committed to investing in malaria. This could also be used as an incentive for the private sector to regularly report data in the national information system. This way, two problems can be solved: the private sector can reach more clients if they get subsidized malaria inputs, and the MOH/NMCP can have more data reported for better program planning and management.

To pursue this recommendation, the MOH/NMCP, donors and other stakeholders should start negotiations to identify immediate needs, ensure alignment around priorities, and discuss ways in which diverting commodities would not adversely impact the public sector.

**Role of private sector partners:** ACPCI could utilize its platform to represent the voice (and priorities) of private providers in these negotiations. It could also help organize the private health sector

to be more diligent and consistent with reporting of malaria data into DHIS2 and facilitate trainings on data reporting.

**Role of NMCP/MOH:** MOH and NMCP would facilitate the drafting of this MOU and negotiate the conditions under which private facilities can get donor-subsidized drugs at reduced price, and more importantly, establish a monitoring system for such partnership.

**Role of donors and partners:** Given that they are paying for these malaria commodities donors can, through TA, help in setting up the regulatory framework for the private facilities to benefit from these subsidized drugs. Donors could also help facilitate negotiations for the MOU through their implementing partners on the ground.

**Launchability:** Medium-term, 1-2 years. Such reform might take time to negotiate and agree upon.

**Impact:** Increased access to malaria drugs in the private sector and potentially increased data reporting from the private sector.

**Sustainability:** Once this relationship is set up among ACPCI, NPSPCI, and NMCP, it is likely to continue if all parties are committed to their responsibilities. If properly executed, this arrangement is also likely to benefit all involved actors and make for a sustainable partnership.

*b. Leverage the Ivorian telecommunications sector for SBCC*

The telecommunications sector is an efficient channel for expanding access to health information. NMCP can collaborate with telecommunication companies to further disseminate malaria prevention messages. For example, Orange Foundation has implemented over 100 health projects in Cote d'Ivoire in various disease areas. During KIIs, Orange (point of contact details in the PSE Dashboard) expressed willingness and interest in the fight against malaria.

To pursue this, NMCP should connect with Orange to tap into this expressed interest and leverage their nationwide platform.

**Role of private sector partners:** Orange would use its CSR program to execute communication activities regarding malaria prevention in the community (i.e., use of ITNs) and work with the NMCP to identify targeted messaging for specific geographical areas, specific population groups (youth, women of reproductive age, etc.) and frequency of those messaging.

**Role of NMCP/MOH:** Establish contact with Orange to discuss partnership and provide approved malaria messaging and materials for adaptation into SMS messages and online publications. NMCP could also advocate to mobilize funds from the Orange Foundation to finance malaria communication campaigns.

**Role of Donors and partners:** Donors like USAID/PMI could support the NMCP in making the CSR case for this activity to Orange and provide TA in implementing the intervention.

**Launchability:** Medium-term, 1-2 years depending on how and when the NMCP approaches Orange and what resources are put in place to manage this partnership.

**Impact:** Increased reach of malaria prevention and treatment knowledge.

**Sustainability:** These activities could be sustainable if Orange includes them as part of its robust CSR policy and makes malaria one of its supported disease programs.

*c. Leverage company health funds and health clinics to increase malaria treatment coverage*

*Confédération Générale des Entreprises de Côte d'Ivoire (CGECI)* has encouraged the development of corporate health centers, clinics, health funds, and other companies' actions for the mobilization of their own funds for disease control, including malaria. CGECI is aware of the negative impact of malaria on business productivity - 40 percent decrease in productivity according to a costing study it implemented



– and therefore established *Coalition des Entreprises de Côte d'Ivoire (CECI)* to fight malaria, among other targeted diseases. CECI advocates for and supports the development and implementation of malaria activities (such as companies' active participation in World Malaria Day and affordable quality health care provision in corporate clinics) in collaboration with the NMCP, the global fund GF, UNICEF, and other partners. CGECI advocates for CSR policy in its members and encourages companies to conduct health activities for the well-being of workers and their families.

To pursue this further, NMCP and partners should collaborate with CGECI and CECI to advocate for mainstreaming malaria-focused CSR policies and funds among member companies as a way to increase domestic resource mobilization for malaria programming.

**Role of private sector partners:** Especially in urban areas, CECI could support companies that have health centers and clinics to advocate for more training and supervision from NMCP, more adapted tools to report data into DHIS2, and more access to subsidized malaria commodities. In exchange, they could expand their CSR portfolio and malaria activities to include surrounding populations.

**Role of NMCP/MOH:** NMCP could provide CGECI and CECI data on the impact of malaria and programming gaps to aid their advocacy efforts. It could also provide training on malaria treatment and on data reporting to private companies' health staff and include them in their supervision activities to ensure quality of service delivery.

**Role of donors and partners:** Donors like USAID/PMI could support the NMCP and CGECI/CECI by providing TA to advocate for CSR policies and related activities as needed.

**Launchability:** Medium-term, 1-2 years depending on how the collaboration between NMCP and the private companies is managed.

**Impact:** Increased malaria prevention and treatment through the private sector.

**Sustainability:** These activities can be sustainable if the collaboration is formalized, and company health clinics are equipped with the necessary tools to provide malaria services. CECI is at the center of this collaboration and would work to bring the public and private sectors together. Given its role as the coordinating body for all health activities in the private sector, its involvement can facilitate sustainability.

## 6.2.2 DRC

### Opportunistic priorities

#### a. Leverage CIELS' membership of private companies in covering gaps for malaria programming

*Coalition Interentreprises de Lutte Contre le VIH/Sida, la Tuberculose, et le Paludisme (CIELS)* was created in 2001 to help fight HIV, TB, and malaria in the private sector, but so far it has been more prominent in the fight against HIV than in malaria control. As described in the findings, many of the private companies interviewed are not involved in malaria control, beyond providing malaria care in their medical clinics, because they are not aware of the need or of what sort of support they could provide. There could be an opportunity for the NMCP to work with CIELS and leverage the popularity of its work against HIV to also benefit malaria control. With its large membership, and more importantly, its presence at the provincial level, CIELS can be the forum that NMCP could use to share gaps and needs in its malaria programming that the private sector could help fill.

To pursue this, there is a need to establish formal and regular contact between CIELS and the NMCP.

**Role of private sector partners:** CIELS could organize regular meetings (twice per year for example) or leverage some of its existing meetings, to discuss with NMCP and other public authorities involved in malaria programming. Beyond those meetings, CIELS could continue advocacy with its members about

implementing or supporting malaria activities and provide organizational support to members who want to implement malaria activities.

**Role of NMCP/MOH:** NMCP should come to such meetings with a clear plan about where the gaps and needs are from its strategic malaria control plan and what exactly they would need from specific private sector actors. For example, support around supply chain (logistics and transport) for malaria commodities to avoid stock outs could be an area of focus. NMCP could also provide CIELS latest malaria data and other information to inform its advocacy efforts.

**Role of donors and partners:** Donors like USAID/PMI could support the NMCP with TA to identify strategic programming gaps and present a business case to CIELS members.

**Launchability:** Short-term, less than one year.

**Impact:** Increased information sharing between the private sector and the public sector about malaria programming needs.

**Sustainability:** CIELS already has a mandate of rallying the private sector around fighting HIV, TB, and malaria and is a sustainable local entity that can be a long-term partner for the NMCP. Donor support will be needed as part of setting up the partnership between CIELS and NMCP but future work from both parties can be included in their respective work plans/strategic plans to ensure continued funding.

- b. *Work with Alliance du Secteur Prive pour la Santé (ASPS) to better involve the private health sector in malaria control*

To ensure quality coverage of malaria care, private health providers need to be better included in malaria programming activities, have easy access to malaria commodities, report data to the national system, and follow the national guidelines for quality of care. ASPS, which is the main professional organization for private health providers in DRC, is an important partner that can rally the private health sector and help with quality assurance, information sharing, and coordination. There is also a newly launched, DRC's first logistics and supply chain professional association - Association of Supply Managers and Logisticians of the Democratic Republic of Congo (AGCAL-RDC).

As a next step, linking AGCAL-RDC with ASPS to account for malaria commodities supply chain management issues as part of AGCAL – RDC's mandate will be a very good opportunity to leverage these existing professional associations to systemically align priorities and work towards improved malaria care.

**Role of private sector partners:** ASPS can be the bridge between NMCP, other professional associations, and private providers to facilitate workshops on targeted challenges and opportunities for malaria programming (such as malaria supply chain). It could also organize malaria trainings for health workers in the private sector, coordinate supervisory visits from NMCP in the private health facilities, advocate for better inclusion of private sector data in DHIS2.

**Role of NMCP/MOH:** Pursue a connection with AGCAL- RDC to flag malaria as a priority, provide the trainers for capacity building of private health workers in several aspects of malaria programming, and involve ASPS early on in relevant policy discussions related to malaria.

**Role of donors and partners:** USAID supported the establishment of AGCAL-RDC and should facilitate its connection with the NMCP and ASPS to ensure integrated planning that reflects key priorities of the health sector as AGCAL-RDC formalizes its mandate, vision, and roadmap as DRC's new supply chain management governance entity. Donors could also provide funding to some of the private sector trainings described above and provide TA to ASPS or NMCP as needed to co-implement.

**Launchability:** Medium-term, 1-2 years.

**Impact:** Harmonized malaria service delivery and reporting and improved malaria commodity availability.

**Sustainability:** Donor funding and facilitation will be needed to set up these partnerships, but as each party sees benefits in working together, they should be able to start integrating their partnership activities into their regular functions.

### **Strategic priorities**

- a. *Re-engage Tenke Fungurume Mining in the fight against malaria given their history and successes working in this field*

The mining industry is one of the main industries in DRC and one that is particularly affected by malaria. TFM has been one of the first mining companies in DRC to develop a vector control program focused on workforce health and community outreach in collaboration with NMCP. Those activities largely involved IRS of mining sites and households in surrounding communities, the distribution of ITNs, and malaria diagnosis and treatment. In 2014 there was an 80 percent reduction in total workforce malaria incidence since the start of the program in 2008 but since changing leadership from Freeport McMoRan to Molybdenum Inc. in 2016, the company CSR priorities in health have shifted to construction of health facilities and provision of health equipment and medical supplies. The company remains an important economic and social actor in the Lualaba and Haut Katanga provinces, so engaging them in malaria-specific activities can be an example for other mining companies to follow.

During KIIs, the Director of Administration (contact information provided in the PSE dashboard) mentioned that TFM is ready to support the country again in the fight against malaria. This interest should be actively pursued by first re-initiating contact with TFM.

**Role of private sector partners:** TFM presented its five-year CSR plan in January 2021 and health has a significant share in the planned investments. In addition to building important health infrastructure (hospitals, health centers, etc.) in the region, TFM plans to support the fight against epidemics and as part of that goal can implement or financially support implementation of more malaria specific activities.

**Role of NMCP/MOH:** NMCP had collaborated with TFM before so they should re engage the company, in line with its 5-year CSR plan and its expressed interest to support malaria again. NMCP could advocate for TFM to, for example, continue funding IRS campaigns given their previous support with IRS was seen as complementary to the NMCP vector control efforts in the region and noted in the 2016-2020 malaria national strategic plan.

**Role of donors and partners:** Donors like USAID/PMI could provide funding to cost share with TFM on the malaria specific activities to be implemented. In July 2021, TFM was already in discussion with UNESCO DRC representatives to see how additional donor funding could be leveraged to extend some of the activities in their 5-year CSR plan.

**Launchability:** Medium-term, 1-2 years.

**Impact:** Specific malaria activities around prevention and treatment implemented by TFM and other mining companies have the potential to significantly improve malaria indicators in the region and increase access to malaria care for the population.

**Sustainability:** Given that these activities would be under well-established company CSR policies, they can potentially remain financially sustainable if a business case exists and is clearly and regularly communicated to those private companies. To that effect, NMCP and MOH collaboration with private companies in terms of sharing data on the impact of their interventions (progress of health indicators, results from operational research, etc.) is key in keeping them motivated.

*b. Further engage private sector actors who are already involved in malaria commodities distribution*

Several private sector actors, both for-profit organizations and NGOs, are already involved in distribution of malaria products such as nets, ACTs, RDTs, etc., and there is an opportunity to engage more private entities or expand the scope of current engagement to increase access to these commodities. In collaboration with the Global Fund and NMCP, NGOs like SANRU support the delivery of first line quality ACTs by private pharmacies in eight towns, including Kinshasa and Lubumbashi. During the landscape analysis interviews, representatives from Society for Family Health (SFH) Rwanda were in DRC to explore expansion of their activities in DRC through opening a local office. They have expressed interest in working closely with the NMCP and are looking for drug manufacturing partners to supply antimalarial products.

The next step to pursue this is following up to establish contact and start the dialogue for partnership.

**Role of private sector partners:** Just like in Rwanda, SFH would deploy numerous strategies and approaches to promote malaria behavior change such as the consistent and correct use of mosquito nets and distribute malaria commodities through social marketing. This could allow more pharmacies to be enrolled to offer ACTs beyond the eight towns mentioned above.

**Role of NMCP/MOH:** NMCP can conduct an outreach to SFH to explore a possible partnership. Establishing a partnership from the onset would ensure that SFH knows about priorities for malaria programming as they expand into DRC.

**Role of donors and partners:** SFH typically works with partners such as Global Fund, USAID, and others so it could leverage such funding to further implement these malaria activities.

**Launchability:** Medium-term, between one and two years.

**Impact:** Increased access to malaria commodities.

**Sustainability:** Expanding access to malaria commodities through market-based approach is likely more sustainable than free distribution.

*c. Explore the possibility of local production of ACTs with Pharmakina and other stakeholders*

During the landscape analysis, USAID/PMI mentioned the importance of having local production of malaria drugs; the NMCP also has the local production of malaria drugs in its strategic plan. Pharmakina is one of the world's top producers of quinine, and exports it from DRC all over the world. However, they are not manufacturing first-line drugs such as ACTs. Pharmakina could be leveraged to produce those drugs, increasing access to affordable ACTs for DRC and other malaria endemic African countries and decreasing their dependency on imports. In the context of COVID-19, which has disrupted the global supply chain, local production of such priority drugs should be encouraged. Pharmakina has extensive experience in drug manufacturing but has not had a previous experience with program drugs. In 2006, the company tried manufacturing a generic ARV drug (combination of Stavudine, Lamivudine and Nevirapine, called Afri-Vir) but were not able to obtain WHO approval for the drug. Obtaining WHO approval can be a long and onerous process; without sufficient demand projections to indicate that the production of a drug will be profitable after this lengthy process, Pharmakina has no incentive to manufacture the drug. Also, even if they can obtain WHO approval, other operational constraints could impact profitability. The company will face stiff competition from big generic manufacturers, mainly in Asia, who have now become global suppliers for malaria drugs, and have a comparative advantage due to the large scale of their operations. The other biggest challenge is the general poor level of infrastructure in DRC which considerably increases production and distribution cost for any product: lack of electricity/power, roads, trained manpower, equipment, and machinery.

If the government and development partners want to further explore the possibility of local production of ACTs, the next step is to engage Pharmakina to discuss market needs, bottlenecks, and think through

how such partnership could work. Focus areas for such discussion could also include understanding Pharmakina's current strategy, level of interest in expanding their malaria product line, and mapping out how the NMCP and donors can support that expansion.

**Role of private sector partners:** Assuming interest in expanding to produce ACTs and potentially other drugs, Pharmakina would engage with the public and donor stakeholders in honest discussions about considerations for an enabling environment. For drug production, discussions should be evidence-based so NMCP and donors should consider working with Pharmakina on a robust market analysis to support the discussions. Also noting that this local production of drugs could expand to drugs beyond malaria, so it will be important to include other possibilities in the market analysis (for example HIV or TB drugs) to have a complete picture of the situation and identify any potential economies of scale regarding production.

**Role of NMCP/MOH:** This engagement should go beyond the NMCP and involve other relevant MOH officials and units given that some discussions might be around enabling the business environment and regulatory framework. The government might have to make concessions to facilitate such local production so it would be important to involve the right people who are able to make those decisions.

**Role of donors and partners:** These program drugs are currently subsidized by donors, and in most cases, donors also manage the procurement through their implementing partners. So, on the donor side too there is a need to do a clear analysis that can show if local production of these drugs will be more efficient and if some of the money that is currently used could be redirected to subsidize the locally produced drugs or help with improving the enabling environment.

**Launchability:** Long-term, more than two years.

**Impact:** If implemented, local production of ACTs, and possibly other program drugs, can significantly increase access for the DRC population and contribute to the DRC economy.

**Sustainability:** This discussion phase is necessary to see if local production of ACTs would be beneficial for all parties involved given the global environment and what types of commitments are needed from each party to make it work. Consensus will be needed for this initiative to be sustainable.

### 6.2.3 LIBERIA

#### Opportunistic priorities

*a. Leverage the Liberian telecommunications sector for SBCC*

The telecommunications sector is an efficient method of expanding access to health information.

To pursue this opportunity, NMCP should approach the main telecommunication companies to further disseminate malaria prevention messages. For example, the MTN foundation 21 Days of Y'ello campaign and the Orange Campus Africa Free online portal can be leveraged for malaria-related communications.

**Role of private sector partners:** MTN would execute communication activities regarding malaria prevention in the community (i.e., access to and proper use of ITNs) and work with the NMCP to identify geographical areas with high malaria prevalence for targeted messaging and Orange will build a module on malaria prevention and treatment to be included in its free online platform.

**Role of NMCP/MOH:** NMCP could provide approved malaria messaging and materials to MTN and Orange for adaptation for the Y'ello campaign and the online portal.

**Role of donors and partners:** Donors like USAID/PMI could support the NMCP in pitching this activity to Orange and MTN.

**Launchability:** Short-term, less than one year.

**Impact:** Increased reach of malaria prevention and treatment knowledge.

**Sustainability:** MTN and Orange already have strong CSR strategies, and these additional activities require minimal additional resources. NMCP personnel hours would be necessary to develop a campaign plan. Based on similar models implemented globally, the likelihood of success of this approach is high.

*b. Develop a Memorandum of Understanding with the Rotary Malaria Committee*

The Rotary Malaria Committee (RMC) consists of members from the three Rotary Clubs based in Monrovia. As of February 2021, the RMC received grants totaling \$4,000 to implement awareness campaigns in two counties targeting caregivers of children under the age of five on malaria prevention/treatment messages. The RMC could expand this role to ensure that all Rotarians in the health industry are fully trained in malaria control and prevention and are applying and promoting these national guidelines in their private facilities.

To pursue this, NMCP and partners should initiate a dialogue with RMC to scope of potential roles and key priorities that will eventually translate into an MOU.

**Role of private sector partners:** RMC could provide funding and capacity building to conduct continuous medical education training workshops for Rotary members in the health industry on malaria control and prevention.

**Role of NMCP/MOH:** NMCP experts would provide the training and would lead the development of an MOU with the RMC to ensure that Rotarians who receive the training are applying the national standards and promoting malaria messaging and products per the NMCP guidelines.

**Role of donors and partners:** Donors like USAID/PMI could contribute funding for the trainings and support NMCP to monitor application of the MOU through supervisory visits.

**Launchability:** Short-term, less than one year.

**Impact:** This effort could address the issue of quality of care for the private health sector and be an example for NMCP to work in a similar way with other private sector groups or umbrella organizations.

**Sustainability:** Given the RMC is already investing in malaria the chances of long-term sustainability once the NMCP engage is high. The development of an MOU between the NMCP and the RMC would further formalize their collaboration and respond to health workers demand for more malaria training.

### **Strategic priorities**

*a. Engage the National Bureau of Concessions (NBC) to ensure data reporting into DHIS2*

In collaboration with the MOH Health Monitoring, Evaluation and Research (HMER) team leading the national Health Management Information System (HMIS), the NMCP could engage the National Bureau of Concessions (NBC) to determine a way forward in gathering malaria data generated by the many concessions who are providing malaria services in their medical health facilities. There is ample evidence from other countries regarding the impact and value added when private sector data is taken into consideration for decision making. In Ghana, the Abt-led SHOPS Plus Activity partnered with the government and private sector to conduct research showing that government technical support visits increased private clinics' reporting rates and could play a vital role in the inclusion of private sector data in national health information systems.<sup>24</sup>

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<sup>24</sup> Mangone, Emily and Sarah Romorini. 2021. Private Sector Engagement in National Health Management Information Systems: Barriers, Strategies, and Global Case Studies. Rockville, MD: Sustaining Health Outcomes through the Private Sector Project, Abt Associates Inc.

To pursue this, NMCP, MOH and partners should build on the relationship established with the NBC during this landscape analysis to collaboratively develop a roadmap for incorporating health service data from concessions across the corporate sector.

**Role of private sector partners:** NBC could coordinate inputs gathered from the different concessions regarding necessary updates to current tools, templates and frequency of reporting that would be useful in facilitating integration of their malaria activity data into the DHIS2.

**Role of NMCP/MOH:** NMCP and MOH HMER to assess the level of changes possible to the HMIS reporting tools and DHIS2 system without too much disruption for the current reporting system and work with NBC to implement the needed changes.

**Role of donors and partners:** Donors like USAID/PMI could provide funding for the many workshops, trainings, and coordination meetings that will be needed for this activity and provide TA during the roadmap discussions.

**Launchability:** Medium-term, between one and two years.

**Impact:** This effort is relevant to reporting beyond malaria data and has the potential to increase comprehensiveness of DHIS2 with the inclusion of data from a significant component of Liberia's private sector.

**Sustainability:** The concessions are privately-run companies with significant infrastructure, and they are already funding the health care that they provide in their medical clinics. If they have an easy and efficient way to contribute data to the DHIS2 and get recognized for their contribution to the health system. Note that this activity could benefit private health providers beyond the concessions, hence more actors might need to be engaged.

*b. Build a partnership with the Healthcare Federation of Liberia (HFL)*

Globally, it is common for ministries of health to engage with private sector umbrella organizations to increase quality of health service delivery in the private sector. NMCP should leverage HFL in that way.

To pursue this, NMCP should establish a formal working relationship with HFL by inviting HFL to join all relevant technical working groups and developing a framework for collaboration on strengthening service standards and commodity access within private facilities, key parts of HFL's organizational mandate.

**Role of private sector partners:** HFL could lead, coordinate, and advocate for partnerships that forge a common and united front in the fight against malaria; incentivize its members to report malaria data into the national HIS; leverage results from its recent nationwide assessment on its members' involvement in PPPs, including malaria related ones to identify synergistic opportunities; help disseminate national malaria treatment standards to its members.

**Role of NMCP/MOH:** The NMCP should proactively engage with HFL when developing and rolling out national malaria policy and guidelines and ensure that HFL is represented in all national and sub-national dialogues on improving commodity access in the private sector.

**Role of donors and partners:** Donors like USAID/PMI could provide funding and facilitate quarterly meetings between NMCP and HFL to provide them with a forum to discuss collaboration and share information in general.

**Launchability:** Medium-term, between one and two years.

**Impact:** Targeted collaboration with the HFL or some of its members has the potential to advance access to quality malaria care for the population. Moreover, if the private health sector is involved in decision making regarding malaria policies, they will more likely follow those policies.

**Sustainability:** The funding and potential TA from donors and partners will be key for initially establishing this partnership. It will be important to clearly define the value of the partnership for each party and from the beginning get commitment for least a defined period (e.g., five years).

- c. *Leverage the significant influence of the Forest Development Authority for malaria prevention in the rural areas*

At present, the Forest Development Authority (FDA) is not involved in malaria prevention and treatment programs but could potentially play a significant role given the large number of Liberians employed by the forestry industry. Forestry is the fourth largest contributor to the economy after services, agriculture, and fisheries, mining, and panning. The formal forest sector contributes 10 percent to GDP and employs 39,880 full-time equivalent workers, of whom 35 percent are women.<sup>25</sup>

Data is scarce in terms of the infrastructure on these timber plantations but most likely they offer minimal health services. Given the high risk for malaria in timber harvesting, which can create breeding grounds for mosquitoes, these companies could potentially do more in terms of malaria prevention to offset the risk for their workers and families living on site. They could engage in IRS for their sites and surrounding areas, clear mosquito breeding sites, distribute nets, and disseminate prevention messages in those same areas to raise awareness for the population.

To pursue this, the NMCP and partners should first conduct an initial assessment to develop a better understanding of potential gaps and opportunities for malaria programming in the forestry sector, including soliciting inputs from the FDA.

**Role of private sector partners:** The role of FDA would be to include a mandate in the Private Use Permit Contracts that requires the timber companies to include a health component related to malaria prevention to offset their activities. The companies would fund these interventions as part of CSR or other models of funding.

**Role of NMCP/MOH:** Given the lack of malaria data at these sites, the NMCP could work with the FDA to determine the feasibility of the timber plantations consistently reporting malaria data to the County Health Teams. If feasible, data could be generated to make the business case for further NMCP involvement in this industry to move elimination forward. Such activities could include provision of TA for setting up IRS and larval destruction activities, facilitation of procurement of nets, and provision of malaria educational materials. NMCP could also extend subsidized commodities and staff training to the companies that also have a medical clinic and mainly serve the rural population.

**Role of donors and partners:** Donors like USAID/PMI could provide TA for the assessment and exploration phase of this opportunity and advocate for an MOU between the FDA and the NMCP both at national and district levels outlining roles/responsibilities of each entity.

**Launchability:** Long term, more than two years. This requires a change in regulation so can take time to implement.

**Impact:** This has a potential to decrease malaria incidence in the forestry exploitation sites and surrounding areas.

**Sustainability:** With a clear business case and evidence that less malaria positively affects their staff and community and is ultimately good for business, the forestry companies should be able to commit to funding malaria prevention activities in their communities as part of their CSR.

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<sup>25</sup> 2020 Liberia Forest Resources Assessment



## 6.2.4 UGANDA

### Opportunistic priorities

#### a. *Support the Operationalization of Malaria Free Uganda initiative*

Malaria Free Uganda was launched in late 2020 as a resource mobilization platform for malaria programming. It is also intended as a platform to coordinate action and advocacy across the public and private sectors. The initiative is planning to engage private sector companies, business entities, professional associations, philanthropies, NGOs/CSOs, development partners, religious institutions, individual Ugandans in diaspora, and others to build its endowment fund. The Malaria Free Uganda funds will then be used to set up malaria free zones such as villages and sub-counties where private sector sponsors/funders will take on the responsibility for reaching and maintaining malaria free targets.

However, there is a need to strengthen the operationalization of the platform, and a key next step in this regard is developing a business case that can be presented as part of the outreach to private, for-profit actors.

**Role of private sector partners:** Corporate entities and other private sector actors would contribute financial and in-kind resources to fund malaria control and elimination activities.

**Role of NMCD/MOH:** The NMCD, as the owner of this initiative, will continue to manage the platform and lead the multisectoral coordination aspects. NMCD should also establish the platform's accountability and transparency mechanisms.

**Role of donors and partners:** Development partners such as USAID/PMI could provide TA to the NMCD to strengthen and expand the engagement of private sector actors by developing strategic malaria investment plans with clear value propositions, SMART indicators and timelines as well as supporting the platform's accountability and transparency mechanisms as part of the effort to secure buy-ins from private sector actors. A first step in providing such TA would be joining the technical advisory task force for Malaria Free Uganda. During the landscape analysis, Malaria Free Uganda shared engaging development partners, particularly PMI, is a top priority in these early stages.

**Launchability:** Medium-term; 1-2 years.

**Impact:** Increased domestic resource mobilization for malaria programming.

**Sustainability:** Malaria Free Uganda is a government-led initiative with high visibility and responds to a critical gap in coordination platform for the private sector to be able to contribute to the fight against malaria. Private sector actors in Uganda have expressed a need for formally facilitated platforms to engage with other corporations, government, and community leaders to align on priorities and collaborate on issues that have common business implications. With the right approaches to define tailored business cases for malaria investment and implement the initiative's objectives, there is a high chance of successfully establishing a formal resource mobilization platform that will be able to facilitate public-private dialogue and collaboration in malaria programming.

#### b. *Targeted engagement with large-scale manufacturing companies to leverage their involvement in IRS and vector control*

Large farming companies, especially the sugar, tea, and rice estates, are already conducting IRS and vector control interventions within their company sites. This presents an opportunity to pursue a partnership with targeted private sector entities that have expressed interest during the landscape analysis.

**Role of private sector partners:** Sugar Corporation of Uganda (SCOUL) and Hima Cement have expressed commitment to funding IRS and have historically used their CSR budget to fund malaria activities. This was further confirmed during the landscape analysis. The role of such companies can be

to provide financial resources to implement periodic IRS interventions beyond their factories and reach the wider community in and around their catchment area.

**Role of NMCD/MOH:** NMCD/MOH should support such efforts by formally engaging these companies in their malaria control planning to ensure (1) long-term prioritization and financial support (rather than ad hoc activities), (2) alignment and harmonization with other similar government and donor-funded activities to increase the reach of the malaria control activities, and (3) compliance with NMCD's insecticide resistance management and environmental protection plans.

**Role of donors and partners:** Given the high cost of IRS and vector control interventions, development partners could support this by providing funding to cost share where possible and working with the NMCD to engage SCOUL and Hima to capitalize on their expressed interest in co-funding IRS initiatives.

**Launchability:** Short term; one year.

**Impact:** Increased and sustained coverage of key malaria control interventions.

**Sustainability:** Given these types of companies have a clear business incentive to keep their manufacturing plants and farms malaria free, there is already shared value with the public and development sectors for implementing these malaria control interventions. This presents an opportunity to maximize a multisectoral approach to fund and routinely implement priority malaria control and elimination interventions.

*c. Strengthen strategic collaboration with Rotary International*

Rotary International is one of Uganda's key malaria control stakeholders and is currently implementing a diverse portfolio, including innovative interventions such as a nationwide campaign to plant mosquito repellents plants.

The launch for this campaign was held in 2020 in Arua and efforts are underway to mobilize partnerships to increase availability of repellent nursery trees for community distribution and planting.

**Role of private sector partners:** Rotary will continue to provide financial and in-kind support to malaria control activities as well as playing a coordinating role to establish partnerships in support of the nationwide mosquito repellent plant campaign. Rotary also has strong community-level infrastructure through their local rotary clubs that could be leveraged for advocacy and community engagement at a large scale to increase the demand for malaria prevention and treatment activities.

**Role of NMCD/MOH:** NMCD already works with Rotary Uganda and can build on that to mobilize relevant stakeholders, including subnational and local stakeholders that can coordinate with local Rotary clubs to support the rollout of the mosquito repellent plants distribution and use at the community level.

**Role of donors and partners:** Rotary is actively looking for partnerships to support this nationwide campaign and development partners could contribute to this large-scale effort in the short term through financial and/or technical inputs.

**Launchability:** Short term; one year.

**Impact:** Increased malaria vector control programming.

**Sustainability:** Rotary has already committed to and has kicked off this nationwide campaign.

## Strategic priorities

- a. *Work with Uganda Healthcare Federation (UHF) to facilitate improved partnership with the private health sector*

UHF, an umbrella association of private health sector associations, has over 60 members from diverse health sectors including health service delivery, supply chain, manufacturers, and health finance. UHF is strategically positioned to influence the private health sector's contributions and increase the sector's visibility as part of the Health Policy Advisory Committee and the PPP for health technical working group at the MOH. Given 62 percent of care seekers consulted the private sector first for malaria and other febrile illnesses, this presents an opportunity for government counterparts and development partners to work closely with UHF and mobilize its members in improving the quality and accessibility of health services, including malaria care.

While UHF already has an established relationship with the MOH, a next step to tailor this engagement for malaria programming would be for the NMCP and UHF to co-develop a framework for collaboration outlining shared values and available resources to target the key activities described below.

**Role of private sector partners:** UHF could organize its member associations to actively contribute to malaria elimination efforts through quality service delivery, data reporting, and SBCC. UHF could utilize its capacity building and e-learning platforms to share curated, MOH-approved information with the private health sector on key topics such as latest case management protocols, regulatory compliance, and DHIS2 data reporting requirements and coordinate with the MOH to organize capacity building training. Furthermore, during the landscape interviews, UHF shared access to affordable financing is among the key issues for the private health sector. UHF is part of a group of stakeholders spearheading the establishment of a medical credit scheme aimed at health businesses to purchase needed equipment and/or undertake facility improvements to improve quality of care.

**Role of NMCD/MOH:** The NMCD/MOH would work closely with UHF to leverage its members' diversity and reach for improved health services, monitoring, and reporting. This will include, among others, working with UHF to cascade new policies and guidelines to the private health sector, to provide access to reporting tools and codes as well as co-organizing training sessions for technical support, to better tailor supportive supervisions to private health facilities and providers, to document the cost-effectiveness and challenges of current PPPs to inform future efforts, and continue engagement with UHF, Ministry of Finance (MOF), and development partners to establishment of the planned medical credit scheme.

**Role of donors and partners:** Development partners could play a facilitative role to support the development and operationalization of the engagements described above between UHF and the NMCP. Partners could also play a key role in advocating for, and contributing funding to, the establishment of the medical credit scheme (IFC/World Bank is already involved in the ongoing conversations).

**Launchability:** Long-term; more than two years.

**Impact:** Increased public-private collaboration and increased access to quality malaria care through the private sector.

**Sustainability:** UHF has established infrastructure to support better engagement with the private health sector and mostly relies on membership fees for its operations, in addition to donor funds for specific PSE projects. This presents a potentially sustainable model for systematically strengthening care through the private sector while maximizing its contributions to improved outcomes.

- b. *Explore expanded local manufacturing of malarial drugs and diagnostics*

Uganda's capacity to locally manufacture malaria drugs and other anti-malarial commodities is increasing, with one of the most cited examples of this being a PPP between the Government of Uganda and Cipla

Quality Chemicals to produce ARVs and ACTs. However, there is a lack of locally manufactured second-line malaria treatments. In addition, unfavorable tariffs and taxes contribute to a market in which locally manufactured drugs end up priced higher than antimalarial drugs imported or donated by donors, disincentivizing local production and increasing donor reliance.

To explore the possibility of an expanded local production of malaria treatments, NMCP and partners should first conduct stakeholder mapping and facilitate a comprehensive market needs assessment.

**Role of private sector partners:** Interested local pharmaceutical companies identified through a stakeholder mapping would collaborate with the NMCPD to conduct a market assessment to inform their plans. Their interest could be in continued or new investment to produce anti-malarial commodities.

**Role of NMCD/MOH:** The NMCD/MOH would engage with both the stakeholder mapping and market needs assessment to provide leadership and technical inputs. At a later stage, it would also need to coordinate with relevant government counterparts such as the National Drugs Authority and others to facilitate the engagement and negotiations with the pharmaceutical companies to represent the MOH's priorities (such as second line malaria treatments) and contribute to activities aimed at improving the enabling environment for increased industrial capacity. Furthermore, the NMCD would be able to play a key role as an active advocate within the government for increased local antimalarial production in line with its strategic objectives and the MOH's PPP for health framework.

**Role of donors and partners:** Donors could support expanded local drug manufacturing by facilitating, and contributing to, the initial stakeholder mapping and market needs assessment as well as by providing TA for relevant government bodies to support improved enabling policy framework and infrastructure.

**Launchability:** Long-term; over two years.

**Impact:** If appropriately implemented, expanded local production of antimalaria commodities will increase local access to affordable malaria treatment in the long term.

**Sustainability:** Given the growing local pharmaceutical manufacturing capacity in Uganda, there is an opportunity to capitalize on the progress so far and further expand the sector by mobilizing private capital. However, the sustainability of this will depend on the different stakeholders described above being able to jointly form partnerships based on shared values and interests.

## 7. CONCLUSION

The private sector in Côte d'Ivoire, DRC, Liberia, and Uganda plays an important role in socioeconomic development, both by contributing to GDP and by empowering health care provision through private for-profit and not-for-profit providers. Despite important gains in the last decade, malaria is still a public health problem in all four countries. With decreases in external funding, and increased emphasis on locally driven solutions, the private sector companies have been more and more present in the fight against the disease. Their contributions range from private health providers offering malaria care to corporate companies investing in nets distribution and indoor residual spraying to protect their workers and communities and NGOs supporting malaria commodities distribution.

Private sector engagement in malaria programming has not yet reached its full potential. The private health sector suffers from lack of adequate training for private health workers, which impacts the quality of the malaria care they provide, and weak reporting of private health data in national systems, which makes it difficult to assess their contribution to health care provision nationwide or make targeted plans and strategies to leverage their resources. Weak regulation of the private health sector has also been cited as a constraint and private providers have noted a lack of dialogue with public authorities especially around national policy development. On the corporate, non-health private sector front, more engagement in malaria activities is hampered by a lack of established and effective coordination by national governments, concerns about public sector transparency and accountability, and limited access to information for investment decision making.

This PSE landscape analysis has demonstrated that despite the challenges, there is an opportunity for public sector/governments to better harness resources and expertise from the private sector to contribute towards national malaria elimination efforts. Many private sector players are currently investing and many more are willing to invest resources in malaria control interventions and/or implement activities themselves. However, almost all of them have asked for assistance from development partners and their implementing partners who are seen as catalysts and independent facilitators to effectively support public-private dialogues and collaborations to ensure success and sustainability.

## ANNEX A: KEY STAKEHOLDERS CONTACTED

**Table 2: Key Stakeholders Contacted**

Type	Country	Sector/Scope	Company/Organization Name
Government Entities	Uganda	Public	National Malaria Control Division (NMCD)
Umbrella Organizations	Uganda	Private - umbrella organization	Uganda HealthCare Federation (UHF)
Umbrella Organizations	Uganda	Private - umbrella organization	Uganda Community Based Health Care Association (UCBHCA)
Umbrella Organizations	Uganda	Private - umbrella organization	Private Sector Foundation Uganda (PSFU)
Private Companies	Uganda	Oil and gas	China National Offshore Oil Corporation (CNOOC)
Private Companies	Uganda	Agro-industry	Sugar Corporation of Uganda Limited (SCOUL) - Mehta Group (subsidiary)
Private Companies	Uganda	Horticulture industry	Wagagai Limited
Private Companies	Uganda	Cement industry	Hima Cement Industry
Private Companies	Uganda	Manufacturing (pharmaceuticals)	Cipla Quality Chemicals Ltd
Private Companies	Uganda	Telecommunications	Airtel Uganda Ltd
Private Companies	Uganda	Agro-business	Amatheon Agri Uganda Ltd
Private Companies	Uganda	Agroprocessing, manufacturing, hospitality, insurance, IT, and construction (conglomerate)	Madhvani Group
Private Companies	Uganda	Oil and gas	Total Group
Private Companies	Uganda	Cement and steel manufacturing	Tororo Cement Ltd
Private Companies	Uganda	Banking	Centenary Bank
NGOs / Donors / Philanthropy	Uganda	Supply chain / logistics	Joint Medical Store (JMS)

Type	Country	Sector/Scope	Company/Organization Name
NGOs / Donors / Philanthropy	Uganda	Charity organization	Rotary International
NGOs / Donors / Philanthropy	Uganda	Public - Private	Malaria Free Uganda
NGOs / Donors / Philanthropy	Uganda	Global health NGO	Clinton Health Access Initiatives (CHAI)
NGOs / Donors / Philanthropy	Uganda	Global social enterprise	Living Goods
NGOs / Donors / Philanthropy	Uganda	Global development funder/IP	The Global Fund / PwC
Government Entities	DRC	Public	National Malaria Control Programme (NMCP)
Umbrella Organizations	DRC	Private – umbrella organization	Coalition interentreprises de lutte contre le VIH/Sida, la tuberculose et le paludisme (CIELS)
Private Companies	DRC	Pharmaceuticals	Caisa Pharma International
Private Companies	DRC	Pharmaceuticals	Pharmakina
Private Companies	DRC	Brewery	Bralima Sarl, Heineken Subsidiary
Private Companies	DRC	Plastic	Kin Plastique
Private Companies	DRC	Ship building and metal	Chanic Metal
Private Companies	DRC	Manufacturing mattress / plastic	Khalilco Sarl
Private Companies	DRC	Food supply / hospital	Mafricom sarl / Oasis Hospital
Private Companies	DRC	Telecommunications	Vodacom
Private Companies	DRC	Construction	Devimco Sarl
Private Companies	DRC	Foundation	Rawji Foundation
Private Companies	DRC	Hotel industry	Hotel Beatrice
Private Companies	DRC	Telecommunications	Orange
Private Companies	DRC	Telecommunications	AirTel
Private Companies	DRC	Mining	Tenke Fungurume Mining (TFM)
Private Companies	DRC	Bank	Ecobank

Type	Country	Sector/Scope	Company/Organization Name
Private Companies	DRC	Consulting	The Mitchel Group
Private Companies	DRC	Mining	Mutanda Mining
Private Companies	DRC	Mining	Gécamines
NGOs / Donors / Philanthropy	DRC	Associate Rotary	Rotary
NGOs / Donors / Philanthropy	DRC	International NGO	Caritas
NGOs / Donors / Philanthropy	DRC	International NGO	Society for Family Health (SFH) Rwanda
NGOs / Donors / Philanthropy	DRC	International donor	Foreign, Commonwealth and Development Office (FCDO)
NGOs / Donors / Philanthropy	DRC	Private - NGO	HJ Hospital Foundation
NGOs / Donors / Philanthropy	DRC	NGO Local	SANRU
Government Entities	Liberia	Pharmaceuticals	Liberia Pharmacy Board (LPB)
Government Entities	Liberia	Health	Liberia Medicines & Health Products Regulatory Authority (LMHRA)
Government Entities	Liberia	Health	National Malaria Control Program (NMCP)
Umbrella Organizations	Liberia	Private – umbrella organization	Healthcare Federation of Liberia (HFL)
Private Companies	Liberia	Agriculture	Firestone Liberia Inc.
Private Companies	Liberia	Telecommunications	MTN / LoneStar
Private Companies	Liberia	Telecommunications	Orange Liberia
Private Companies	Liberia	Agriculture	Mano Oil Palm Industry
Private Companies	Liberia	Agriculture	Cavalla Rubber Corporation (CRC) and Maryland Oil Palm Plantation (MOPP)
Private Companies	Liberia	Mining	Bea Mountain Mining Corporation
Private Companies	Liberia	Mining	Arcelor Mittal Liberia Ltd.



Type	Country	Sector/Scope	Company/Organization Name
Private Companies	Liberia	Agriculture	Liberia Agricultural Company (LAC)
Private Companies	Liberia	Agriculture	Hummingbird Resources
Private Companies	Liberia	Agriculture	Liberia Rubber Company (COCOPA)
Private Companies	Liberia	Agriculture	Western Cluster Liberia
Private Companies	Liberia	Mining	Mermet Nizif Gonelle (MNG Gold)
Private Companies	Liberia	Insurance	Omega Insurance Group Limited
Private Companies	Liberia	Agriculture	Maryland Oil Palm Plantation (MOPP)
NGOs / Donors / Philanthropy	Liberia	Health	Rotary Malaria Committee (RMC)
Government Entities	Côte d'Ivoire	Public sector	National Malaria Control Program (NMCP)
Government Entities	Côte d'Ivoire	Public	Direction générale de la santé (DGS)
Government Entities	Côte d'Ivoire	Public	Direction des établissements et des professions sanitaires (DEPS)
Umbrella Organizations	Côte d'Ivoire	Private – umbrella organization	Confédération Générale des Entreprises de Côte d'Ivoire (CGECI)
Umbrella Organizations	Côte d'Ivoire	Private – umbrella organization	Coalition des Entreprises de Côte d'Ivoire (CECI)
Umbrella Organizations	Côte d'Ivoire	Private – umbrella organization	Association des Cliniques privées de la Côte d'Ivoire (ACPCI)
Umbrella Organizations	Côte d'Ivoire	Private – umbrella organization	Fédération Ivoirienne des Petites et Moyennes Entreprises (FIPME)
Umbrella Organizations	Côte d'Ivoire	Private – umbrella organization	Plateforme du secteur privé de la santé (PSPS)
Private Companies	Côte d'Ivoire	Wholesale distribution	Société Ivoirienne de Promotion de Supermarchés - Prosuma

Type	Country	Sector/Scope	Company/Organization Name
Private Companies	Côte d'Ivoire	Agro-industry	Societe Africaine de Plantation d'Hévéa (SAPH) Bongo
Private Companies	Côte d'Ivoire	Energy, agro-industry	Industrial Promotion Services - West Africa (IPS WA) Filtisac
Private Companies	Côte d'Ivoire	Mining	Barrick Tongon Mining
Private Companies	Côte d'Ivoire	Logistic	Abidjan Terminal
Private Companies	Côte d'Ivoire	Telecommunications	Orange CI
Private Companies	Côte d'Ivoire	Water company	Société de Distribution d'Eau de Côte d'Ivoire - SODECI
Private Companies	Côte d'Ivoire	Energy	Compagnie Ivoirienne d'Electricité (CIE)
NGO / Donors / Philanthropy	Côte d'Ivoire	NGO	Rotary Club
Private Companies	Côte d'Ivoire	Social marketing	Agence Ivoirienne de Marketing Social (AIMAS)

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